SURREY COUNTY COUNCIL

1969
Health and Welfare Services

Annual Report of the County Medical Officer

SURREY COUNTY COUNCIL

Annual Reports

of the

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1969


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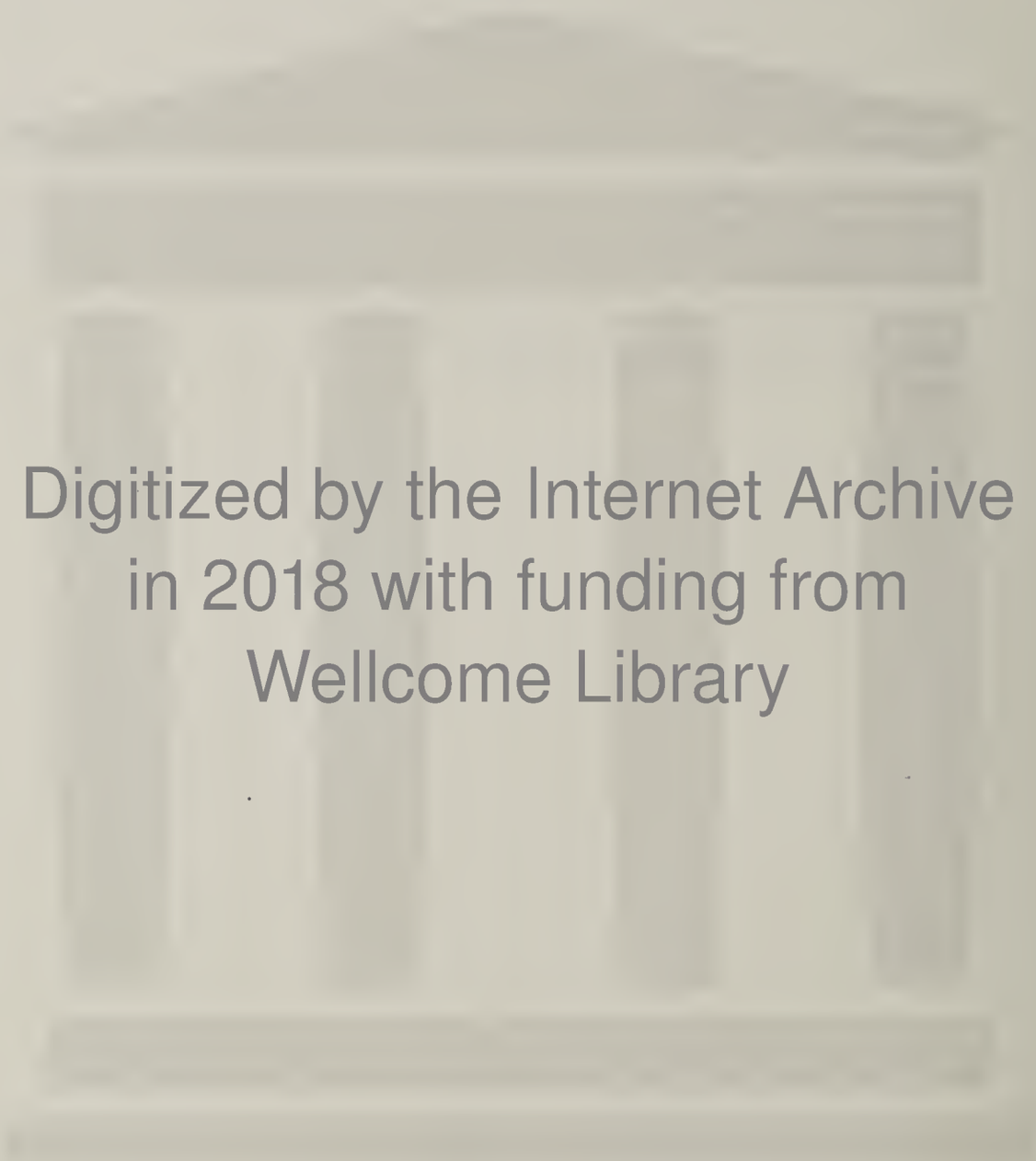


PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present my annual report for 1969, prepared in accordance with Ministry of Health Circular 1/70.

This year the format of the report has been radically changed to try to present the contents in a more readable form. Major statistical tables have been collected together at the end of the report and many of the smaller ones have been simplified. It is hoped that these changes will make it easier for the general reader to learn of the work of the department, while it will still afford a ready source of statistical information for those wishing to make a more detailed study of the health of the county.

Although the population of the county rose again so that for the first time since the London Government reorganisation in 1965 it topped 1,000,000, the birth rate continued to fall, both in relation to the national figure and that of the county for the previous year. This is a trend which, if it continues, must have a substantial effect on the pattern of provision of services.

Only one health centre was completed during the year but by December five others were being built and many more were in an advanced state of planning. It has become increasingly apparent, as more and more health centres near completion, that, in spite of the many problems which arise in connection with their design and construction, this task is relatively simple compared to that of ensuring that they provide the crucible in which a new type of community health service is formed. In this process attachment of District Nurses and Health Visitors, and perhaps other professional staff, to general practice is perhaps the most vital factor in developing a successful community health centre. It is very heartening, therefore, to report the steady extension of the number of nursing and health visiting staff so attached, particularly as it has generally been the policy to allow the initial approach to come from the general practitioner. This has not been the result of lack of enthusiasm by the staff, but rather to ensure that the attachments were being arranged between willing partners.

In addition to the health centre mentioned above, it is interesting to record that at a time of financial restriction well over £1,000,000 of building work was completed during the year. A major part of this figure was due to the completion of five new old people's homes, which enabled two former public assistance buildings to be closed as well as providing additional and urgently needed places

The new Ambulance Headquarters and Training School described in the report was also completed and represents a major advance in the provision for this vital service.

In the chapter on Mental Health Services there are a few short paragraphs entitled "Mental Health Social Work Services" and this refers to a scheme which has been developed in co-operation with the staff at Brookwood Hospital. This short account does little justice to the significance of the change which has taken place. Under this scheme, the mental health social worker is working with the patient as a person living in the community and even when that patient happens to be in hospital, he is still visited by the same social worker coming from the community. At no time is the service provided hospital based or hospital orientated.

For the first time a chapter on training has been included as an item of special interest and in this an attempt has been made to summarise all training which has been undertaken within or on behalf of the department. It demonstrates clearly the importance that is placed upon not only preserving but also raising professional standards.

The report of the school health service gives details of how the service has developed during the year and those paragraphs cornerned with special services for the assessment and treatment of the handicapped are of particular interest. Included in this section is an item on drug abuse in schools in the county. This is a highly emotive subject which is liable to produce a variety of responses whenever it is mentioned, varying from a wholesale condemnation of the standards of behaviour of the young to a denial that such a problem exists. With the co-operation of head teachers a watching brief has been kept with the aim of responding to any positive evidence but avoiding stimulating curiosity and experimentation by direct propaganda. As with smoking, the influence of peer group pressures by far exceeds any which can be exerted by direct health teaching from adults.

One of the great difficulties in writing a preface to a report such as this is to select items for particular mention as even the most superficial glance through the report will show just how extensive is the work of the department and in how many ways the services provided have been extended or developed through the year. Many staff have contributed individual items concerning special services or studies which they have carried out. These are particularly welcomed for, in addition to providing information on the work of some section of the service, they do afford an opportunity for these professional officers to report on their studies, or to put forward a professional opinion on matters of particular concern.

I wish to thank, therefore, all the staff who have contributed to this report and the others who have worked long and hard on its compilation and presentation.

Every year it is customary to express my gratitude to the staff of the department in all sections who have worked so well during the preceding year. The fact that this is repeated from year to year in no way lessens the

sincerity of this expression. At the present time, when changes seem to be following one another at ever decreasing intervals, the conscientiousness displayed by staff at all levels is an asset to be treasured.

Finally, it is with very great pleasure that I wish to thank the Chairman and members of the Health and Welfare committee for their continuing help and understanding throughout the past year.

I have the honour to be, Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

JAMES DRUMMOND

County Medical Officer
and
Principal School Medical Officer

CHAPTER ONE – STATISTICS

GENERAL STATISTICS AND SOCIAL CONDITIONS
ADMINISTRATIVE COUNTY OF SURREY

Area

Following certain boundary adjustments in the South Eastern Division the area of the Administrative County is now 418,299 acres.

Rateable Value

On 1st April 1969	£55,805,579.
Product of a Penny Rate	£ 229,681

Population

1969 mid-year Registrar General's estimate:

	Urban Areas	Rural Areas	Administrative County
1. Total Population	801,730	200,410	1,002,140

	Aged under 1	Aged 1–4	Aged 5–14	Aged under 15
2. Population under 15	14,230	64,970	156,100	235,300

Table 1 shows the population of each sanitary district at the censuses of 1951 and 1961 and the Registrar General's mid-year estimates for 1968 and 1969.

	Administrative County of Surrey			England and Wales
	Males	Females	Total	
Births and Birth Rates				
Live births	7064	6870	13934	
Live birth rate per 1000 estimated population			13.9	16.3
Adjusted birth rate per 1000 estimated population			14.0	16.3
Live and still births	7143	6931	14074	
Still births	79	61	140	
Still birth rate per 1000 live and still births			10.0	13.0
Illegitimate births	443	427	870	
Illegitimate births per cent of total live births			6.0	8.0
Deaths and Death Rate				
Deaths all ages	5254	5657	10911	
Deaths per 1000 home Population (crude)			10.9	11.9
Adjusted death rate per 1000 home population			10.1	11.9
Infant deaths	123	88	211	
Infant mortality rate per 1000 live births			15.0	18.0
per 1000 legitimate births			15.0	17.0
per 1000 illegitimate births			20.0	17.0
Neonatal mortality rate (first four weeks) per 1000 live births			10.0	12.0
Early neonatal mortality rate (first week) per 1000 live births			9.0	10.0
Peri-natal mortality rate (still births and deaths under one week) per 1000 live and still births			19.0	23.0
Maternal deaths (including abortion)		2	2	
Maternal mortality rate per 1000 total births			0.14	0.19

BIRTHS AND BIRTH RATE

Live births occurring in the County during the year numbered 13,934 and the birth rate was 13.9 per thousand of the population as compared with the figure of 16.3 per thousand for England and Wales. Thus the rate remains consistently below that of the country as a whole, while the number of births continues to decline steadily (14,544 in 1968 and 15,960 in 1965).

140 still births occurred during the year giving a still birth rate of 10.0 per thousand live and still births, compared with the lowest figure previously recorded of 11.05 per thousand in 1967.

There were 870 illegitimate births representing 6.0% of live births. Both numerically and as a percentage these figures show only a minor reduction in comparison with 1968 when the highest percentage of illegitimate births during the post war years was recorded.

Table 2 shows the live and still birth rate and the percentage of illegitimate births over the past twelve years.

CAUSES OF DEATH

The major causes of death arranged in order of frequency in 1969 in the County were as follows:–

1. Diseases of the Heart	3369
2. Malignant disease (including 74 deaths from Leukaemia)	2220
3. Bronchitis, pneumonia and other diseases of respiratory system (including 94 deaths from influenza)	1604
4. Cerebrovascular disease	1397
5. Other circulatory diseases	525
6. Violent causes including 80 suicides and 137 deaths from motor accidents	388
7. Digestive diseases	257
8. Hypertensive Disease	195
9. Nervous system (including 9 deaths from meningitis)	160

Deaths from all causes amounted to 10,911 giving a crude death rate at all ages of 10.9 per thousand of the population compared with 11.9 in England and Wales. 5,143 deaths (47% of the total) took place over the age of 75 years, and of these 64% were females.

211 deaths occurred during the first year of life, 147 of these at under 4 weeks of age. The major causes of death during the first year were congenital abnormalities (75), birth injury and difficult labour (59) and respiratory diseases (25).

61 children died between the ages of 5 and 15 years. The largest individual cause of death in this group was accidents (17) of which 12 were associated with motor vehicles. Leukaemia and malignant neoplasms accounted for 13. Out of 8 deaths due to respiratory disease 3 were ascribed to asthma.

Between the years of 15 and 25, motor vehicle accidents constituted by far the largest single cause of death with a total of 35. The preponderance of such deaths in this age group is graphically illustrated in the following table:–

Age Group (years)	No. of deaths from motor vehicle accidents
15–24	35
25–44	27
45–64	25
65–74	23
75 +	14

The major causes of death in later life were as follows:–

(*a*) 2641 deaths were attributed to coronary heart disease. Of the 1519 male deaths from this cause 38 took place at under 45 years, and 551 (36%) at under 65 years. Of the 1122 female deaths 6 occurred before 45 years and 124 (11%) under 65 years.

(*b*) Malignant neoplasms accounted for 2146 deaths. The largest individual group was carcinoma of the lung and bronchus (525), consisting of 426 males and 99 females. In females carcinoma of the breast accounted for 251 deaths and carcinoma of the uterus for 66.

(*c*) Under the heading of diseases of the respiratory system pneumonia accounted for 965 deaths, of which 429 were females over 75 years. Bronchitis and emphysema on the other hand shows a large preponderance of males, who accounted for 311 out of the total of 414 deaths.

(*d*) Out of 1397 deaths from cerebrovascular disease 902 were females, of whom 646 were over 75 years.

Table 4 gives full details of all causes of death during 1969 classified in age groups for the aggregate of urban and rural districts.

Tables 3 and 5 show the infant mortality rate over the past twelve years and the incidence of infectious disease in the County during 1969.

CHAPTER TWO – HEALTH CENTRES

It is pleasing to report that the Health Centre opened at Farnham in June, 1968, is operating successfully and the close association of general practitioners and local authority staff has, as was hoped, resulted in a welcome measure of co-operation and integration. This gave rise to discussions regarding further integration which might be achieved and it was agreed that it would be advantageous for the general practitioners to undertake, on a rota basis, one of the weekly Child Health Clinics, the doctors being paid the standard sessional fee for this work. This new arrangement came into operation in December, 1969.

During 1969 the second Health Centre to be completed in Surrey was taken into use. This was a small project which extended the existing clinic in Laleham Road, Shepperton, by adding consulting and examination rooms for two general practitioners, together with ancillary rooms for office, reception and waiting accommodation. Two further general practitioners stated that they would be interested in coming into the Health Centre at a later date and the new premises have been designed to permit the building of the necessary accommodation as a second stage of the plan.

On the 31st December, 1969, five further health centres were being built at:–

(i) Merstham – an extension to the existing clinic to provide facilities for four general practitioners.

(ii) Walton-on-Thames – linked to the local hospital and providing rooms for hospital consultants in addition to facilities for ten general practitioners and local health authority services.

(iii) Chertsey – a new building providing for eight general practitioners and a range of local health authority services.

(iv) St. Johns, Woking – a new building for three general practitioners and local authority clinic services.

(v) Ewell – a new building for eight general practitioners and local authority clinic services.

General practitioners in Surrey continue to take a strong interest in health centres and during the year, in addition to the projects mentioned above, some sixteen further schemes have been actively discussed with the Executive Council for South West London and Surrey and with the groups of doctors concerned and are at varying stages of development. In three of these schemes it is proposed to link the health centre to a local hospital and discussions have also taken place with officers of the South West Metropolitan Regional Hospital Board.

Tables 6 and 7 give details of new buildings taken into use in 1969 and building work in progress at the end of the year.

CHAPTER THREE – MATERNAL AND CHILD HEALTH

As shown in the statistical tables, the birth rate continues to fall and 14,074 births took place in the County during the year, a reduction of 639 in comparison with 1968. Of these, 1,435 (10.2 per cent) took place at home, and 12,639 (89.8 per cent) in institutions. Thus the trend away from home confinements which has been the normal pattern in years past has continued, the corresponding figures for 1968 being 13.4 per cent and 86.6 per cent respectively.

In this context it is of interest to examine the figures for 1968 given in Table 9 which show the live births by age and parity of the mother and by place of occurrence. It is now accepted that all women over the age of 30 having their first baby should receive specialist hospital care, and in fact the total number of mothers delivered of their first baby at home dropped to 108. On the other hand any women pregnant for the second, third or fourth time, under the age of 35, and whose previous pregnancies have been normal, may more safely be delivered at home. These formed the bulk of the home deliveries, numbering 1,807. Any woman pregnant for the fifth time or more however should receive hospital care, and indeed only 56 such women were delivered at home, a drop of 50 per cent in the past two years. These appear to represent a small hard core who refuse hospital delivery but who might be helped by increased facilities for really short term admission to hospital during labour.

Prematurity

Prematurity (defined as a birth weight of 5½ pounds or less) continues to be a point of concern. There were 796 premature births during 1969, constituting 5.6 per cent of total births. The corresponding figure for the previous year was 875 or 5.9 per cent of births, and there has been no significant change in the rate during the past five years. (It is not possible to compare previous figures owing to the change in the borders of Surrey which took place in 1965.)

The position with regard to premature births is shown in the table below:–

Weight at birth.	PREMATURE LIVE BIRTHS												Premature still births.	
	Born in hospital.				Born at home or in a nursing home.									
					Nursed entirely at home or in a nursing home.				Transferred to hospital on or before 28th day.					
	Total Births.	Died.			Total births.	Died.			Total births.	Died.			Born.	
		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.		Within 24 hours of birth.	In 1 and under 7 days.	In 7 and under 28 days.	In hospital.	At home or in a Nursing Home.
(*a*) 2lb. 3 oz. or less (1,000 gms. or less)	20	14	2	–	–	–	–	–	–	–	–	–	10	–
(*b*) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,001-1,500 gms.)	39	8	9	1	–	–	–	–	1	–	1	–	17	–
(*c*) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,501-2,000 gms.)	136	6	9	1	3	–	–	–	2	1	–	–	19	–
(*d*) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,001-2,250 gms.)	163	2	4	1	3	–	–	–	–	–	–	–	13	–
(*e*) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,251-2,500 gms.)	331	5	1	2	24	1	–	–	2	–	–	–	13	2
Totals	689	35	25	5	30	1	–	–	5	1	1	–	72	2

This table shows clearly the high death rate associated with prematurity. Out of 724 live premature infants, 68 died during the first month. Out of 13,210 non-premature live births 147 died during the first month of life. Moreover, of the total of 796 premature births, 74 were stillborn; of 13,278 non-premature births 66 were stillborn.

In spite of advances in the care of premature infants therefore, they still constitute a serious source of loss of infant life, and the importance of continued research into the prevention of this condition must be emphasised. Furthermore, it is not only the problem of high mortality with which we are concerned, for it must also be remembered that prematurity constitutes a fertile source of handicap in later life. Of the infants who died 22, about one third, are known to have suffered from at least one obvious physical handicap.

Congenital Malformations

251 congenital malformations were notified during the year. Of these 20 were suffering from Spina Bifida. This group have been singled out for particular mention in view of the present interest in this condition. As a result of earlier and more effective surgical intervention, more of these children are surviving with varying degrees of handicap. The matter is further discussed in the School Health section of this report.

Ante-natal Mothercraft and Relaxation Classes

The following table shows the number of women who attended these classes during the year:–

Number of women who attended during the year	(a) Institutional Booked	2,230
	(b) Domiciliary Booked	313
	(c) Total	2,543
Total number of attendances during the year		15,803

Classes are available in all areas of the County and are well attended, mainly by women expecting their first baby. As the number of these will have been in the region of five and a half thousand it will be seen that just under one half attend. Classes are run by health visitors and district midwives, and the women attending receive general instruction in pregnancy, childbirth and care of the newborn, together with relaxation exercises in preparation for childbirth. The whole constitutes a valuable exercise in health education.

Convalescence

Expectant and nursing mothers, together with children under five, who require a period of convalescence are sent to convalescent and holiday homes. During the year five mothers and thirteen children were catered for. Perhaps more use should be made of this service.

Care of Unmarried Mothers

The past year has seen considerable changes in the arrangements for care of unmarried mothers. Originally these were received both into County-owned premises and Diocesan premises in Surrey, and into out-County premises if the numbers so warranted. The Guildford Diocese owned four homes, giving a total of 43 beds, while the County Council owned Dorincourt, a home of 18 beds at Woking.

At the time of the Nursing Homes Act, 1963, mother and baby homes were brought within the scope of the new act, and it became obvious that while clean and comfortable, the Diocesan homes would not comply with the new regulations without considerable expenditure. This in train brought consideration as to whether the provision of four small homes was economically sound. As a result the Diocese started discussions with the County Council in October, 1965, aimed at disposing of the four homes and erecting a new 18-bedded home with the aid of a capital grant from the County. Building of this home, West Lodge at Walton-on-Thames, commenced in October, 1968, and it was completed one year later.

During the four years which elapsed between the opening of discussions and the completion of the building it became obvious that a radical change in the pattern of admissions of unmarried mothers to mother and baby homes was taking place, not only in Surrey but throughout the country. Not only were fewer girls being admitted, but the length of stay was often reduced, and a larger number were making immediate arrangements for adoption of their babies and not returning post-natally to the home. It was clear that with 18 beds at Dorincourt and a further 18 at West Lodge there would be a large surplus in the area. A close examination of the problem suggested that with one home of 18 beds and the use of some out-County homes at times of pressure the County would be well served in the most economical fashion. The Health and Welfare Committee therefore decided to close Dorincourt as a mother and baby home, convert it to different use, and make full use of West Lodge. With the close co-operation of Guildford Diocese this plan was put into being in November, 1969, when the girls from Dorincourt transferred to West Lodge at the time of its opening.

It is interesting to speculate on the reasons for the relatively sudden change in the demand for places in mother and baby homes. The figure for illegitimate births, 885, shows no significant change in comparison with the previous four years. It can only be supposed that the changing attitude of society is in some way allowing girls to manage within the community, and perhaps that parents are now prepared to give greater support to their daughters when pregnancy occurs.

This supposition is borne out by the experience at the George Simon Home in Caterham which the Rainer Foundation instituted in 1964, with the aid of a capital grant from the County Council. The home caters for 12 girls of school age, and education is provided by the Surrey Education Department. The matron reports that, whereas when the home first opened the parents saw it primarily as a place away from home to which their daughters could be transferred during pregnancy, the attitude is now changing so that frequently the attraction is not transfer away from home but the possibility of continuing education.

At both West Lodge and the George Simon Home there is close co-operation with the voluntary organisation concerned and officers of the Health and Welfare Department sit on the management committee of each home.

The fieldwork in connection with unmarried mothers in Surrey is carried out mainly by social workers employed by the Guildford Diocesan Council for Social Work and the Southwark Diocesan Association for Moral Welfare. The County Council makes a grant to these Associations of 50% of the expenditure relating to outdoor workers and the replacement cost of cars. Recently there has been a slight increase in cases referred by other workers, notably social workers from this department and child care officers.

The County Council accepted financial responsibility for 45 girls at Dorincourt during 1969 and for 90 girls at other Mother and Baby homes.

Child Health Clinics

The following table shows the number of children who attended these clinics during the year, together with the amount of time devoted by the staff to this activity. These clinics have always been popular and it will be seen that out of 13,934 children born in the County during 1969, 12,311 (88.3 per cent) attended.

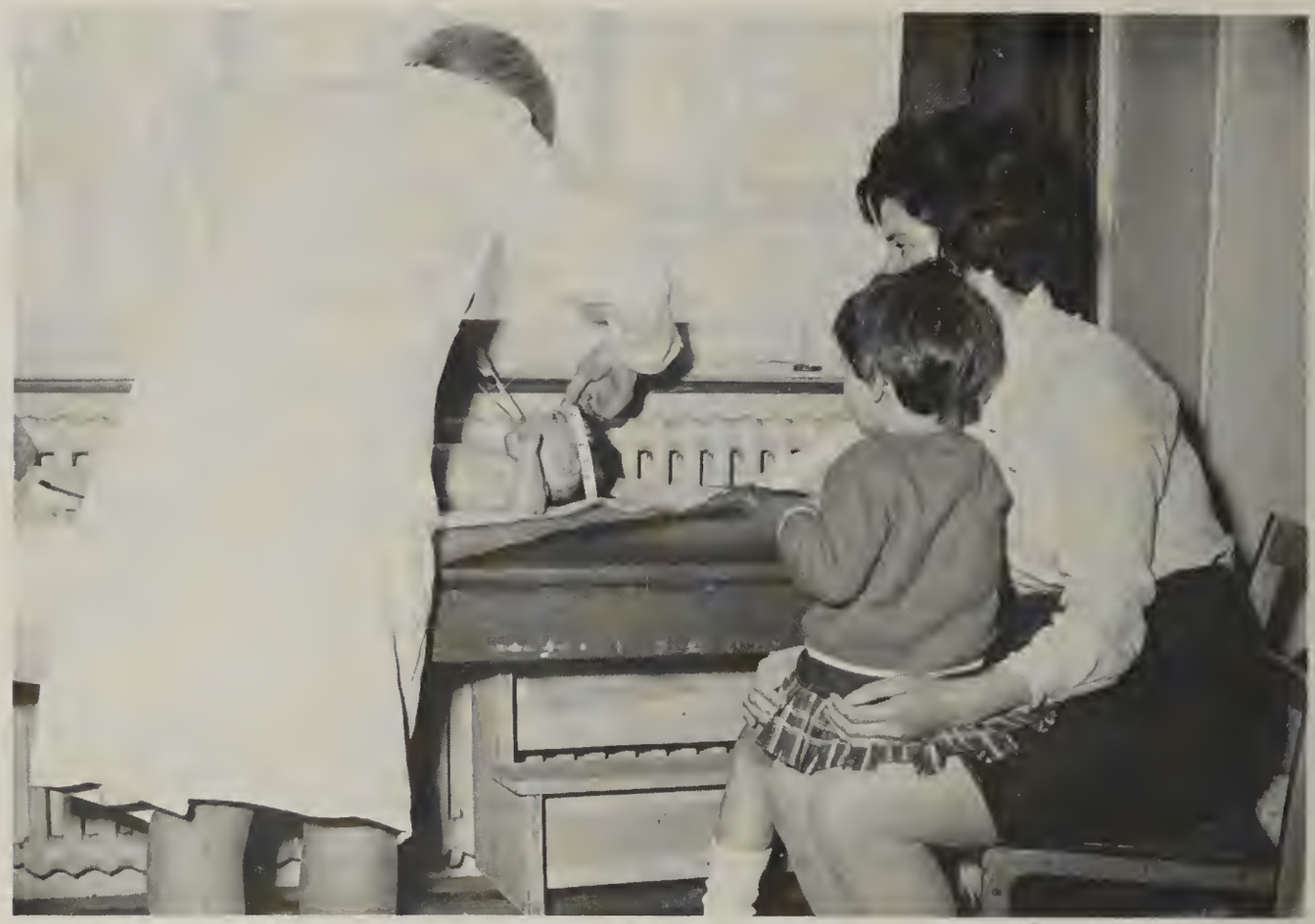
Number of children who attended during the year.				Number of sessions held by:–			Total No. of sessions in columns 5 - 7	Number of children referred elsewhere	Number of children on "at risk" register at end of year
Born in 1969 (1)	Born in 1968 (2)	Born in 1964-67 (3)	TOTAL (4)	Medical Officers (5)	Health Visitors (6)	G.P.'s employed on sessional basis (7)	(8)	(9)	(10)
12,311	11,950	19,480	43,741	6,267	879	974	8,120	1,032	8,632

Infant Welfare Clinics have over the years been a primary factor in improving the health of children and saving infant life, and as time has passed have created not only a more healthy race of children but, with the steady lowering of the infant mortality rate, have also helped to save the lives of more young infants with handicaps who present new problems. Moreover, the advent of the National Health Service which ensured that every child had his own family doctor to look after him in sickness has also led to a change in emphasis of the type of advice sought by mothers from doctors at clinics.

There has therefore been a gradual change of attitude towards the purpose of the Infant Welfare Clinic, now better referred to as the Child Health Clinic. Not only should a child visit the clinic when the mother requires advice from the health visitor or doctor on such matters as feeding or general care, but also for routine examination by the doctor with a view to early detection of physical, mental and emotional defects. Handicapped children or children "at risk" for handicaps may need to visit frequently for observation of progress, and the whole process of pre-school care should merge smoothly with that provided by the School Health Service at the time of school entry. The simple realisation that continuous care and observation from birth onwards will pay ample dividends in later years makes such an approach entirely logical.

The efficient performance of the service does however turn upon the knowledge and training of the doctor observing the child. Detection of mild degrees of deviation from normal in young children as opposed to the gross abnormalities more easily observed is no simple task, and doctors who are to undertake this work require special training. As yet this is not readily available, although the Society of Medical Officers of Health has for some time past been running six-week courses for limited numbers of doctors, and it has been possible to secure places for a small number of Medical Officers to attend these.

At the beginning of the year, therefore, arrangements were made to provide a course of in-service training for a larger group of Medical Officers on the County staff. With the co-operation of the Consultant Paediatrician at Ashford and West Middlesex Hospitals a course for ten full-time or near full-time members of staff was commenced in February. The first part consisted of a weekend devoted to lectures, discussions and demonstrations connected with the development and the examination of the new born. This was followed by a week of practical work in which all members attending the course actively participated in examination of new born infants. The second part of the course took place in May, when a weekend was devoted to the development of the older child, and this was followed by a series of attendances at hospital outpatient sessions.



MEDICAL EXAMINATION

Mother and toddler watch while the medical officer examines baby at a Surrey health clinic.

By the end of the year the Medical Officers had some six months' experience of carrying out developmental examinations of babies and young children behind them and were beginning to form a valuable corps of staff to cope with this form of approach. At the time of writing this report 58 clinics are held each week in the County by these and other-trained staff. Children exhibiting deviations from normal are referred for consultant opinion as necessary in consultation with their family doctor.

The present concept of the Child Health Clinic, and indeed of the Child Health Service as a whole, was given valuable impetus at the end of 1968 with the publication of a report on Child Welfare Centres by a sub-committee of the Standing Medical Advisory Committee of the then Ministry of Health (the Sheldon Report). This report embodied recommendations for reform of Infant Welfare Clinics on the above lines. It envisaged that ultimately the work in Child Health Clinics would be taken over by general practitioners working within group practices with attached health visiting staff. It would however be some years before this could come about and meanwhile the provision of clinics would rest with local health authorities to a very large extent. In this context it is interesting to report that a number of general practitioners are actively co-operating with this department in the field of developmental examinations within their own practices. The number is small however, and in order for it to increase the identical problem of arranging for the specialised training needed arises.

The obvious answer to the problem is to include such training in the basic training of the doctor and it is earnestly hoped that this will ultimately be done. In the meantime, the provision of adequate post-graduate training must be undertaken, but until this becomes more freely available from outside sources it would appear that the only solution is in-service training of the kind described above. Because of the shortage of suitable teachers in this field, the provision of such courses is no easy matter, nevertheless efforts to arrange them will continue to be made, using every resource available.

Phenylketonuria

Phenylketonuria is a hereditary inborn error of metabolism, which if untreated by highly specialised dietary methods, leads in a very short time to impairment of functions of the nervous system causing infants to become mentally retarded. Although it only occurs about once in 10,000 births its detection is exceedingly important as once detected it constitutes a preventable mental health defect.

Until the first of September, 1969, all new born infants in Surrey were tested for phenylketonuria with the Phenistix test which utilises the infants' urine for examination. However, in October, 1968, the Medical Research Council had published a report recommending the adoption of the Guthrie blood test for this purpose, as the evidence suggested that it would prove more reliable in practice, and should thus avoid delay in starting dietary treatment of the disease in affected cases.

The Guthrie test is ideally carried out between the sixth and fourteenth days of life, and requires laboratory facilities for examination of the blood specimens. Such facilities were made available by the South West Metropolitan Regional Hospital Board at Queen Mary's Hospital for Children at Carshalton to cover the major part of Surrey, and by the North West Metropolitan Regional Hospital Board at Great Ormond Street Hospital for the Northern Division. The County was able to change over to the new method on the first of September.

The test itself is carried out by hospital and domiciliary midwives on the sixth day. A simple heel stab is made and the blood collected on specially prepared blotting paper cards. These are forwarded to the laboratory for examination. Should a positive result be obtained, the laboratory immediately inform the Medical Officer of Health, the General Practitioner, and where necessary the hospital where the child was born. Thus early treatment is assured.

In view of the importance of ensuring that every infant is tested, health visitors check carefully in every case, in order to ensure that no untoward circumstance has intervened preventing any individual child being tested at the normal time. Should such a child be found, the Health Visitor will test the child without delay.

No cases of phenylketonuria were reported in the County during the year.

Immunisation and Vaccination

The number of children immunised against diphtheria, whooping cough, tetanus, poliomyelitis and measles is shown in Table 10.

It is difficult to comment with any accuracy on the figures shown as 1969 was the first full year in which the latest schedule of immunisation has operated in the County. This was adopted in the Autumn of 1968, as a result of advice received from the Standing Medical Advisory Committee of the Department of Health and Social Security. Whereas in the past it was usual to start immunisation against diphtheria, whooping cough and tetanus with a "triple" vaccine at the age of three months or earlier, the most recent opinion is that this should be postponed until six months in order to obtain better immunisation with less reaction. The main disadvantage of this procedure is the delay in providing protection against whooping cough. However, after discussion with the Medical Officers of Health in the County it was felt that the advantages of the new schedule outweighed the disadvantages, the new schedule was adopted in County clinics, and all general practitioners circularised.

As a result of the adoption of the new schedule therefore, the figures for immunisation are not directly comparable with those of previous years, on the principle that a child born in January of the year does not now begin immunisation until July, whereas previously this would have been April or even sooner. It can only be said that there has been no diminution in the efforts made by all concerned to immunise children in Surrey, and that the figures for previous years have compared well with those for England and Wales. Indeed there is evidence of increased interest by general practitioners in the subject, no doubt aided by the policy of attachment of Health Visitors to practices. The following table shows the percentage of children immunised at County Council Clinics as compared with general practitioners in the various areas of Surrey:—

	Vaccination and Immunisation 1969	
	G.Ps. %	County Council Clinic %
Northern	31.37	68.63
North Western	59.00	41.00
South Western	55.00	45.00
South Eastern	51.00	49.00
Epsom	27.20	72.80
Esher	35.00	65.00
Woking	58.00	42.00

Oral polio vaccine is normally given at the same time as triple antigen (6, 8 and 12 months), and this is followed by measles vaccination at 13 months.

Unfortunately, the County Council's campaign for measles vaccination suffered a severe setback in March, 1969, when over 9,705 doses of measles vaccine had to be returned to the supplier or destroyed on instructions received from the Department of Health and Social Security. In addition Surrey's requisition for vaccine to meet the demand for the months of February and March, 1969, (8,487 doses) remained outstanding, against which the Department was able to allocate only 4,270 doses received at intervals over the next nine months. Despite the lack of vaccine which considerably curtailed the plans previously made for the measles vaccination campaign 8,883 children were vaccinated in 1969.

This number together with those already vaccinated in 1968 appears to have been just sufficient to prevent the development of the biennial measles epidemic during the winter of 1969, which would otherwise have been an epidemic year. The following table shows the number of notifications of measles during the past five years, and demonstrates clearly the phenomenon of "measles years" in 1965 and 1967.

Notification of Measles

Year	No. of cases
1965	11,973
1966	4,095
1967	13,446
1968	1,812
1969	2,090

Since 1968 when immunisation against measles was introduced, the number of cases has been reduced and the recurrent pattern interfered with. Every effort must therefore be made to ensure that children are immunised against this disease in order to create a high degree of immunity in the population. It will be recalled that when diphtheria immunisation was introduced, first as a massive campaign and thereafter routinely for infants, the number of cases fell off rapidly and the disease is now almost non-existent in this country.

A further change brought about by the new schedule is the introduction of a progressive scheme for providing cover against smallpox. Except where there are direct medical contra-indications to smallpox vaccination it is extremely important that every child should be vaccinated. It has been recognised for some years that the safest time to vaccinate is during the second year of life, this being the age when reactions are fewest and least severe. Primary vaccination in older life can be hazardous, and the number of people who require vaccination on account of international travel is now very high. It is only common sense therefore to make every effort to maintain a high state of immunity throughout the population from an early age. The new schedule provides for this by advocating primary vaccination during the second year and re-vaccination at the ages of five and fifteen.

Unfortunately smallpox vaccination has always been one of the less acceptable procedures to the general public and the figures for primary vaccination of children are slightly lower this year at 9,988 than in 1968 (11,230). However, the figures for re-vaccination of children aged 5—15 years have approximately doubled to 4,854. It is to be hoped that this trend will continue, leading to an increased body of persons truly immune to smallpox.

Reinforcing doses against tetanus are also recommended at 5 years and 15 years. The importance of active immunisation against this serious disease, often insidious in onset, is now generally recognised. The administration of reinforcing doses at 5 and 15 should provide a satisfactory degree of protection which can be backed up by a further dose in the event of injury, thereby avoiding the administration of anti-tetanus serum with all its attendant disadvantages.

Anti-tuberculosis (B.C.G.) vaccination, another highly desirable procedure, is offered to all school children in Surrey at the age of about 13 years. Apart from this, children who are contacts of cases of tuberculosis may be offered B.C.G. at any age at the Chest Clinics throughout the County. The following table gives details of B.C.G. vaccination among schoolchildren and students during 1969:-

	Number Skin Tested	Number Tuberculin Positive	Number Tuberculin Negative	Number Vaccinated
Total for Administrative County	11,484	732	10,582	10,433

Day Nurseries

The situation in the five County Council day nurseries is summarised below:—

No. of places at 31.12.69	Average daily attendance during the year	No. of children on register at 31.12.69	No. of priority children on waiting list at 31.12.69
210	169.8	220	33

The attendance at these nurseries fluctuates daily and the average daily attendance will always be below the maximum. An attempt is made to deal with this by providing for a small degree of over-booking of places. Major degrees of over-booking can of course lead to difficulties when a full complement of children are present. Admissions are reserved for the usual priority groups of children.

Epsom and Redhill Day Nurseries have been designated training nurseries for the National Nursery Examinations Board for many years, but it is pleasing to report that Ashford Nursery was also designated a training nursery by the Department of Health and Social Security during 1969.

In view of the poor condition of the fabric of Redhill Day Nursery, very strong representations were made to the Department of Health and Social Security seeking their consent to the erection of a new nursery in Redhill on a site in Station Road owned by the County Council. The Department have agreed in principle and although they cannot promise to issue formal "loan consent" to allow building work to commence before 1971/72, they have suggested that planning of the new building should proceed as it might become possible during 1970 to substitute this for some other project. A schedule of accommodation required in the new building has been drawn up and the County Architect is preparing sketch plans.

Nurseries and Child Minders

On the 1st November, 1968, section 60 of the Health Services and Public Health Act, 1968, became effective. Not only did this section amend the Nurseries and Child Minders' Regulation Act, 1948, and increase its scope, but it also tidied up and clarified several points which had been of concern to local health authorities for many years.

As from that date, persons receiving children into premises (other than whose wholly or mainly used as private dwellings) for a period of two hours, or an aggregate of two hours, in a day were required to register the premises. Previously no minimum time limit had been imposed, and it had therefore been necessary to set arbitrary standards.

The Act also requires persons to register if they look after one or more children, other than relatives, for two hours or more in a day in their own homes. Previously such persons were only required to register if the number of children exceeded two. It also enables local Health Authorities to impose a wider variety of general standards on child minders than was possible in the past.

At the time the provisions of the Act became effective the Minister of Health, as he then was, issued a memorandum of guidance on the standards of day care of young children. Many of the physical standards suggested had already been adopted by the County in the past but the opportunity was taken to review certain aspects, particularly those of staffing ratios and factors affecting the safety of the children. The new standards were adopted by the Health and Welfare Committee.

In effect, therefore, the new standards have been in operation since the beginning of 1969. A considerable amount of work has resulted, ranging from the purely administrative such as the creation of six entirely new forms and a fully informative advisory leaflet for applicants, to the actual increased work imposed at field level by the extended scope of the regulations.

This considerably increased work has, however, been absorbed by the Medical Officers and Health Visitors concerned in addition to their other duties. The general realisation of the importance which attaches to the handling and environment of the young child separated from his mother has acted as a stimulus to all concerned with child care. On the whole, the public have accepted the new situation without disagreement although there have been a number of complaints which have needed individual handling. The standards have not been made retrospective but all persons, playgroups and nurseries already registered prior to 1969 have been actively encouraged to bring their standards up to the new level.

The following table shows the number of persons and premises registered at the end of the year. These show that some 9,500 children are being cared for, an increase of about 1,500 over 1968. The number of premises registered shows an increase of 47, and the number of persons an increase of 292 (approximately 150%). The latter is attributable to a great extent to the large number of persons minding 2 children or less brought in by the new Act (236 in number).

	Registered Premises			
	Factory	Other	Total	Registered Persons
Number of premises or persons registered at 31.12.69	3	300	303	497
Number of children permitted	85	7,314	7,399	2,229

A further worthwhile aspect of the new situation prevailing in day care of children is the Secretary of State's approval for local health authorities to arrange for children in the priority groups to receive full- or part-time day care with persons or groups registered under the Act, and to pay a reasonable charge. Authorities are enabled to recover charges from the parents in the same way as they recover charges for places in their own day nurseries. The County have availed themselves of this approval and at the end of the year 26 children were so placed.

Dental care of Mothers and Young Children

Dental inspection and treatment of expectant and nursing mothers and children under five years of age was carried out by the Council's staff of dental officers who, while mostly engaged in the School Dental Service, devoted part of their time to the care of mothers and young children.

There were 4,054 attendances by pre-school children and 3,691 fillings were completed for the conservation of deciduous teeth. 668 teeth were extracted under general anaesthesia.

Treatment for mothers included 857 fillings and 197 extractions and 29 patients were supplied with dentures.

Individual and group talks on dental health education were given by members of the dental staff. Health Visitors generally allocate time at mothercraft classes to this subject, stressing the importance of adequate and properly balanced diet to help promote sound teeth. Considerable use was also made of films, film strips and leaflets dealing with oral hygiene and diet.

CHAPTER FOUR – NURSING SERVICES

INTRODUCTION

A review of the County health visiting and domiciliary midwifery and nursing services was carried out during the year and reported to the Committee concerned in September 1969. The main conclusions and recommendations which were agreed by the Health Committee are summarised below.

HEALTH VISITORS

The attachment to General Practitioners has resulted in the health visitors giving support and advice to a much wider range of individuals or groups than before, e.g. the aged, middle-aged and adolescents. These changes in the nature of the work have had the effect of reducing the numbers of population which a health visitor is able to serve. After much study it was concluded that a realistic and appropriate health visitor to population ratio was 1 : 4000, as compared to the overall County average of 1 : 5120. In order to make it possible for the health visitors to serve these populations it is necessary for them to have the support of nurses in the School Health Service and adequate clerical assistance. To meet this new ratio it was decided to increase the health visitor establishment by 45 over three years.

MIDWIFERY SERVICES

Following the introduction of schemes for the planned early discharge of maternity cases from hospital, there has been a marked decrease in the number of home confinements in recent years, e.g. in 1968 there were 500 fewer domiciliary births. The position will be kept under close observation, particularly as new hospital maternity units are developed.

DISTRICT NURSING

The development of Attachment Schemes for District Nurses to work with General Practitioners showed a 6% increase in the number of patients cared for, and a 9% increase in the number of visits to patients. It was decided therefore to increase the district nursing establishment by 34 over two years, which would give a nurse : population ratio of 1 : 4000. In addition the nurses are assisted by nursing auxiliaries to avoid the misuse of a highly trained nurse's time.

WORK UNDERTAKEN BY THE HEALTH VISITORS – 1969 (Table overleaf)

The health visitor is frequently the primary contact between a family and the Local Health Authority Services. She provides a continuing service to families and individuals in the community.

TABLE TO SHOW HEALTH VISITORS' CASE-LOAD IN 1969

	Cards held by Health Visitors at last annual review for children under 5			Problem family		Persons over 65	Sub-normal – 16	Suffering mental illness	Educationally sub-normal	Handicapped persons	Number of families in case load.
	0–1	1–5	0–5	Referred to Committee	Potential problem under observation						
Northern	1426	5979	7405	21	102	943	52	63	21	45	6740
North-Western	2982	12120	15102	124	262	784	111	151	260	155	12908
South-Eastern	3135	11927	15062	69	206	1345	110	115	200	180	12923
South-Western	3105	12980	16085	26	211	929	119	158	232	228	14673
Woking	1210	4551	5761	23	38	292	33	27	69	32	4742
Esher	772	3286	4058	30	99	1829	31	35	42	172	4652
Epsom & Ewell	843	3526	4369	23	31	654	25	25	33	96	4224
1969	13473	54369	67842	316	949	6776	481	574	857	908	60862
1968	14367	56786	71153	257	570	5089	418	431	801	779	58067
1967	14907	58943	73850	401	508	3730	426	398	828	573	54784

THE ELDERLY

The older folk also enjoy keeping fit led by the physiotherapist at the Windle Valley day centre.

This table shows the changing pattern of the health visitor's work. It is interesting to note that this development coincides with the fall in the birth rate and the subsequently smaller number of children under the age of 5 dealt with by the health visitor.

I feel special comment should be made on certain aspects of this work. The domiciliary care of sub-normals under the age of 16 is the health visitor's responsibility, and in order to increase her understanding of the needs of the parents and children Dr. Grace E. Woods of St. Ebba's Hospital conducted seminars for all members of staff during 1969. The subjects discussed included:–

(1) Recent advances in medical knowledge in the causation of mental subnormality.

(2) Physical handicaps associated with severe subnormality and behaviour disorders.

(3) Home management of the severely subnormal – parental guidance.

(4) Future developments in care – Community and hospital.

These study days were helpful, and appreciated.

CARE OF THE ELDERLY

This work is developing rapidly. Advice and help is given by health visitors to old people in their homes, and at the geriatric clinics. Not only is there a close working relationship between the health visitors, social workers and Old People's Welfare Committees but there are also still some health visitors (3) working directly with the geriatric physicians in the hospital geriatric units. Their concern is with those patients on the waiting-list for hospital admission and who require additional support during the waiting period.

PART-TIME HEALTH VISITORS

Over the past year many experienced health visitors have made application to work on a part-time basis, some of them returning to work after a lapse of several years. A carefully-planned Refresher Course has been arranged which they have found most helpful, and during this time they were given an opportunity of becoming familiar with the changing pattern of the work.

At the present time there are 30 part-time health visitors on the establishment, in areas where the work is heavy and also on the relief staff. Their contribution to the service is good and they are much appreciated on their districts. By making these part-time appointments we have been able to supplement the full-time County Relief Staff.

THE WORK OF THE DISTRICT NURSE

There was a 10.8% increase in the number of cases during the year and a 6.3% increase in the number of visits to patients, 73.85% of these visits being paid to patients over 65 years of age. See Table 11 for the work of the District Nurses, Midwives and District Nurse/Midwives, and Table 12 for an analysis of nursing cases.

TRAINING COURSES (See chapter covering Training)

Over and above the usual training and refresher courses for district nurses in the County some nurses attended a course of preparation as practical instructors.

NURSING AIDS AND EQUIPMENT

The wide range of aids and equipment designed to help handicapped persons has made it possible for the nurses to give a better service to their patients. They have found it a great advantage to have hoists and ripple beds and sheepskins available as required for the use of certain patients. At the present time there are 63 hoists and 45 ripple beds available for these purposes. During the year, over and above these 45 beds, an average of 50 additional beds was on hire each week. Their use has made a great deal of difference to the comfort of patients.

The Standing Committee on Equipment kept under review the standard of equipment used in the clinics and by nurses and midwives throughout the County. A great deal of this equipment is of a disposable nature. In most hospitals there is a central sterile supplies department, but unfortunately these are not large enough to supply pre-packed dressings to the nurses and to the clinics in the County. The one exception is in Epsom, and this service is much appreciated in that area. It must be ensured that dressings are provided for early discharge patients from hospital, where these are necessary.

DOMICILIARY MIDWIFERY

The total number of domiciliary births was 1486, 640 fewer than in 1968. District nurse/midwives work in close co-operation with the General Practitioners to give good ante-natal and post-natal care. The domiciliary midwives continue to deliver patients in the following hospitals:—

Crawley.
Frimley.
East Surrey.
Jarvis Maternity Home.
Haslemere.

The mothers and babies return home as soon as they are fit for discharge.

In the Farnham area the domiciliary births fell to such a low level that it was not possible to recruit a practising midwife the amount of work on this particular district being insufficient to enable her to retain her skills. It was decided that a joint appointment should be made with the hospital, and that this midwife should be based in the hospital and practise on the district when required. This would ensure that the mother and child would be cared for by a midwife conversant with modern midwifery practices.

46 Student Midwives took their district training in the County during the year.

GROUP ATTACHMENT SCHEMES

At the end of November a summary of attachment of Health Visitors and Home Nurse Schemes was sent to the Department of Health and Social Security. The tables showed:—

Type of Staff attached		Wholly within Attachment Schemes (1)	Partly within in Attachment Schemes (2)	TOTAL
Health Visitors		98	–	98
Home Nurses	S.R.N.	55	–	55
	S.E.N.	5	–	5
Staff on combined health visitor/home nurse duties		–	–	–
District Nurse/Midwife		35	–	35

TABLE 2: G.Ps WORKING WITHIN ATTACHMENT SCHEMES

Type of Staff attached	Full Attachment Schemes	Other Attachment Schemes	TOTAL
Health Visitors only	65	–	65
District Nurses and Nurse/ Midwives only	16	–	16
Health Visitors and District Nurses	85	–	85
Health Visitors and District Nurse/Midwives	28	–	28
Health Visitors, District Nurses and District Nurse/Midwives	50	–	50

As more staff are attached or aligned to group practices the great variation in the staffing needs of one practice from another are highlighted. There would appear to be several reasons for this variation:—

(1) In some practices the doctors have a greater understanding of the contribution of the nurse and health visitor to certain situations, and therefore the referrals are more carefully chosen and opportunities are given for group discussion within the practice.

(2) Schemes have developed in some practices for the care of geriatric patients and for the screening of children under 5. Where these schemes are developed greater demand is put upon the nurses and health visitors. Additional clinic sessions are sometimes required, which in turn cut down the available visiting time.

(3) Some practices are more centred on the surgery than others, and it is possible that the total needs of the family could be missed.

It is very important that the preventive aspect of the work and the place and need for health education is kept in mind.

The majority of staff prefer working in Attachment Schemes, as they feel they are better informed of the patient's diagnosis and prognosis, and the families appreciate the fact that the nurses and health visitors are working with their doctors.

CHAPTER FIVE – MENTAL HEALTH SERVICES

Building Programme

This year saw not only the opening of the County's first purpose-built technical training centre at Banstead to replace that held in adapted premises but also the opening ot the first purpose built hostel of 30 places for adult subnormals, "Langdown", West Molesey. The Banstead centre opened on the 25th August, 1969 and the first resident was admitted to "Langdown" on the 23rd July, 1969.

In addition work has progressed on the erection of the Special Training School at Shepperton and the Technical Training Centre at Walton-on-Thames and it is expected that both premises will be completed by the Autumn of 1970.

Residential Care

As mentioned in the previous paragraph the first County Hostel for adult subnormals at West Molesey was opened in July 1969. The hostel for the mentally ill, "Woodbury", Surbiton, continued to function during the year, but it became uneconomical to run as it was not found possible to keep the places filled with available cases undergoing training at the Industrial Therapy Organisation Workshop at Epsom. As this hostel was situated outside Surrey it was not a viable proposition for the County to use the premises for other mental health purposes. It was therefore decided to dispose of the property and transfer the staffing establishment and equipment to another County property "Dorincourt", Woking, which was previously a short stay hostel for unmarried mothers and their children. Whilst "Dorincourt" was being under-used for this purpose it was well situated for the purpose of a rehabilitation hostel for the mentally ill having regard to its close proximity to Brookwood Psychiatric Hospital with the combined Community and Hospital Social Work Service, and the amenities of an urban area including a proposed Day Centre for the mentally ill, referred to later in this chapter.

In October, 1969 it was agreed that the Health & Welfare Committee should take over responsibility for "Aigburth" Residential Nursery at Woking from the Children's Committee for use as a hostel for subnormal children as from 1st April 1970. Provision for a second hostel of this type is made in the 1971-72 Development Programme and for a third in 1973-74. However, the demand for places warranted the bringing forward of one of these two hostels and "Aigburth" will, in the New Year, accommodate all the subnormal children at present in care of the Children's Department, provide places for those on a waiting list, and avoid having to place children in non-Surrey hostels.

The County Council continue to accept responsibility for mentally disordered persons in homes and hostels provided by other local authorities and voluntary organisations and at 31st December 106 were so placed.

Special Training Schools and Technical Training Centres

As mentioned in a previous paragraph the first purpose-built Technical Training Centre was opened at Banstead on the 25th August, 1969, and a second, in the course of erection at Walton-on-Thames, will replace that held in rented premises in Chertsey and will probably open in Autumn 1970. Building work on the new special training school at Shepperton should be completed in the summer of 1970 and children from the Staines and Sunbury areas, at present attending centres administered by the London Boroughs of Hillingdon and Hounslow will be accommodated in the new building. Children and adults from the London Boroughs of Croydon and Sutton continue to attend Surrey Special Training Schools and Technical Training Centres.

I would again mention the great value of the Special Care Units and the Nursery Classes as a relief to the mothers and to the advantage of earlier training for the subnormal children. The efforts of the staff are indeed appreciated.

Industrial projects form part of the training programme in the Technical Training Centres and monies earned are paid to the trainees on a "points system" basis. Social training is an important part of the programme and is designed to help the trainee to become socially acceptable and as self-reliant as possible.

Day Hospital

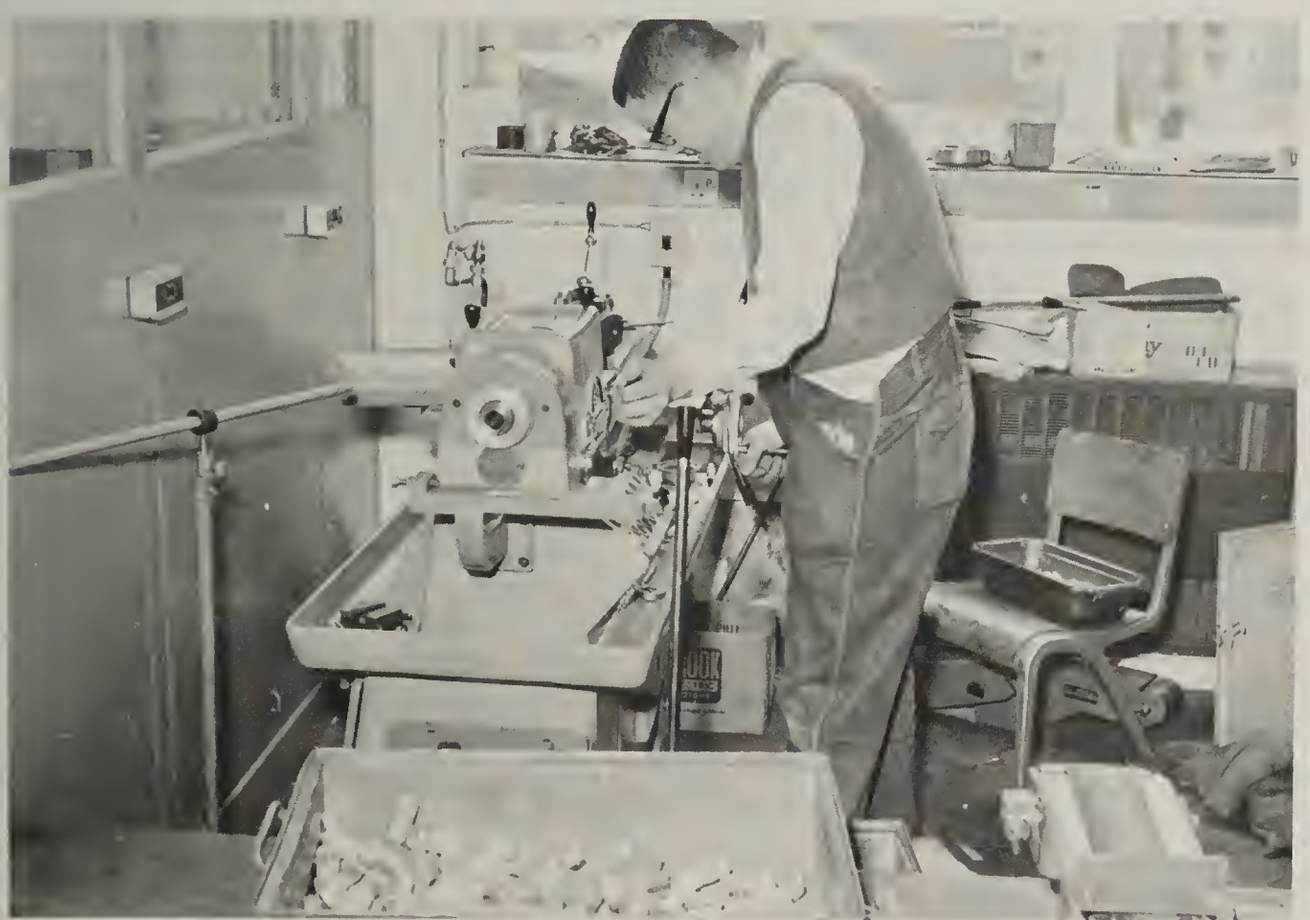
Residents in Epsom and District have for some time expressed grave concern over the conduct of some psychiatric in-patients when away from hospital. Three hospitals for the mentally ill and two hospitals for the mentally subnormal are situated in their area.

As an important development and as part of their policy to relieve these anxieties the South West Metropolitan Regional Hospital Board decided to establish a Day Hospital for the residents of Epsom, Ewell and Leatherhead to coincide with those areas becoming part of the catchment of West Park Hospital, and to provide a "Casualty Clearing Station" to deal with complaints regarding the conduct of in-patients whilst away from the hospital.

The Day Hospital would provide a full range of psychiatric treatments lasting for a period of six to eight weeks whilst the patients resided at home after which they would be re-assessed either as fit for discharge or requiring in-patient treatment. The casualty clearing station would operate during week-ends and during the evenings and in addition to dealing with complaints from the general public would render psychiatric first aid to those in distress.

SPECIAL TRAINING SCHOOL

Mentally handicapped children receive specialised education and training in a cheerful classroom.



TECHICAL TRAINING CENTRE

Social training and education include simple industrial and workshop techniques for the mentally handicapped aged 16 years and over.

As it was essential that both these services should operate in the centre of Epsom to ensure best results the Hospital Board asked Surrey County Council to assist them in securing suitable premises and suggested the existing County Day Centre for the Mentally Ill. Because of the obvious urgent need of these facilities, the County Council decided to lease the Day Centre, 44 Waterloo Road, Epsom, to the Hospital Board for up to three years so that the Day Hospital and Clearing Station could function immediately and until the Board had built their own premises in the grounds of the Epsom District Hospital. To make this possible the County Council will transfer the Day Centre to the premises of the old Technical Training Centre in Brighton Road, Banstead.

Day Centres and Social Clubs

In the previous paragraph mention is made of the proposed transfer of the Epsom Day Centre to the premises at Banstead formerly occupied by the Technical Training Centre. This transfer will not cause any disruption in the service and in fact will have several advantages in the way of provision of mid-day meals and of industrial work for those attending.

At the end of the year the five rehabilitation social clubs for the mentally ill were being run and staffed by the County Council and one similar club by a voluntary organisation. There were also seven clubs in the County for sub-normal persons, all run by voluntary organisations.

The role of the voluntary society is of considerable support to patients and to the County services in this field.

Holiday Homes for Mentally Handicapped Children and Adults

The Council continued their practice of arranging for groups of children and adults to enjoy organised holidays at camps or homes during the summer.

22 Surrey children and 64 adults benefited from these holidays during 1969, 50 being accommodated at Pengwern Hall, Rhuddlan, North Wales, 14 at St. Margaret's Home, Weston-Super-Mare and 22 at Hales House, Winterton-on-Sea. 1 child attended a holiday camp organised by the London Borough of Hillingdon.

Mental Health Social Work Services

In 1968 the County Council were asked by the Management Committee of Brookwood Hospital to consider the possibility of providing a social work service for the hospital, the cost of which would be borne by the hospital. Although this approach was precipitated by the lack of social workers in the hospital service, it was also the result of new thinking and a growing awareness of the need for change. It had long been recognised that the hospital social workers and the local authority social workers frequently duplicated services to the patients and a combined service seemed the obvious solution. In considering a combined service at that time it became clear that it would also be appropriate to reorganise the social work section of the mental health service to align them administratively and geographically in parallel with other county social services.

As a result the mental health services were organised into four divisional and three delegated area teams and these teams came into operation on the 1st April, 1969. Five of these teams are involved in the combined community and hospital social work service. Each team is responsible for a defined geographical area and within these boundaries each social worker has been allocated his own catchment area and retains the responsibility for providing social work help whenever an individual from his catchment area is admitted to hospital.

The work of the medical staff of the hospital was reorganised to fit into this pattern and has contributed in a large measure towards the acceptance of a community based social work service. Medical teams now assigned to similar catchment areas in the community are able to link up with specific teams of social workers. Regular meetings, case conferences, etc., have been established and a more co-ordinated clinical and social approach to the patient is being developed.

Staff Training

Details of training of mental health services staff will be found in the chapter on training of this report.

Statistics

See Tables 13 to 15.

CHAPTER SIX – PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS

Responsibility for dealing with this disease is shared between the County Council and the Regional Hospital Boards for the South West Metropolitan and North West Metropolitan areas. The Council are responsible for prevention, care and after care, the Boards for diagnosis and treatment. Local activities are centred at the Chest Clinics where the Chest Physician is in charge.

The chief services in the anti-tuberculosis field provided by the Council are the visiting of tuberculous households by health visitors and support given by social workers to the tuberculous and their families. Other services include B.C.G. vaccination, the provision of milk free of charge to needy patients, the follow-up of school contacts by Divisional Medical Officers and Chest Physicians (see also chapters three and thirteen).

The fourteen voluntary Care Committees and the Standing Conference of Surrey Care Committees for Tuberculosis and Chest Diseases, all of which are aided by grants from the Council, continued to augment official schemes chiefly by the provision of food, fuel, household items, holidays, art therapy, loans and grants etc. The Surrey Education Committee again granted the use of Sheephatch School for a fortnight's holiday for child contacts and contributed 25 per cent of the cost of sending 42 Surrey children there.

Statistical details provided by the Medical Director of the Surrey Mass Radiography Units, will be found under Table 16.

Occupational Therapy

The services of the Council's team of Occupational Therapists are available for tuberculous patients. Details of this service, which is mainly given to the physically handicapped, will be found in the chapter on Welfare Services.

VENEREAL DISEASES

The clinics at Guildford, Woking and Redhill situated in the Administrative County of Surrey were continued during the year by the respective Hospital Management Committees. The duty of persuading women defaulters to resume attendance and of securing the attendance of persons exposed to infection continues to be exercised by the Council's Special Services Visitor.

In addition to the details of Surrey residents having been treated at Guildford, Woking and Redhill clinics which is obtained from the annual return which is made by the Medical Officer of the Clinic to the Department of Health and Social Security, details have also been obtained from the Carshalton and Croydon clinics and clinics at surrounding hospitals relating to the number of Surrey residents treated at these clinics. The following summarises the information received:—

1969	Guildford Clinic	Redhill Clinic	Woking Clinic	Other Clinics	Total
New Cases (Surrey). Syphilis	4 (3)	1 (3)	2 (2)	28 (24)	35 (32)
Gonorrhoea	58 (45)	10 (4)	26 (17)	325 (225)	419 (291)
Other conditions ...	364 (270)	61 (48)	182 (145)	1854 (1351)	2461 (1814)
Totals	426 (318)	72 (55)	210 (164)	2207 (1600)	2915 (2137)

The figures in brackets relate to the year 1968.

CHIROPODY

The Council's chiropody scheme continued as in the previous year but continuing difficulty was experienced in recruiting staff to fill the County Council's establishment. This is a matter of no little concern for with the aged or handicapped adequate foot care is frequently vital in preserving their mobility.

Particulars of persons treated during 1969 are as follows:–

	1969	(1968)
Indirect service		
Number of elderly persons treated	3,872	(3,848)
Number of treatments given	18,553	(17,071)
Direct service		
Number of patients treated		
Elderly persons	12,813	(11,043)
Expectant mothers	6	(9)
Handicapped persons	190	(160)
Blind or partially-sighted persons	118	(104)
	13,127	(11,316)
Numbers of treatments given by		
Private chiropodists	41,304	(38,556)
County Council chiropodists	22,313	(18,425)
	63,617	(56,981)

RECUPERATIVE HOLIDAYS

The Council sponsor the admission to holiday homes of patients who are in poor health and need a period of recuperation to assist or complete their recovery but who do not require organised medical or nursing care. Holidays are usually of two weeks' duration although a longer period may be authorised in exceptional circumstances.

During 1969 259 patients received this service as against 203 in 1968.

AIDS TO DAILY LIVING AND MEDICAL EQUIPMENT

Aids and Equipment for the Elderly

This scheme, which was started in 1966, continues to expand. 1203 applications were dealt with by the end of the year as compared with 1062 in 1968. Aids requested were mainly for bathing, toilet and walking needs.

Medical Loan Depots

The British Red Cross Society and the St. John Ambulance Brigade continued to maintain medical loan depots throughout the County. Nursing equipment may be borrowed from the depots for a maximum period of six months. All loans are free of charge but a deposit, which is returnable, is required. The number of depots in use at the end of the year was 39.

Medical Comforts

Articles of nursing equipment required permanently by patients are supplied by the Council.

PREVENTION OF THE BREAK-UP OF FAMILIES

A register of families at risk of break-up is kept and at the end of the year there were 671 families so classified.

Field Work

Many families received intensive help and support from the Council's team of social workers. Home Helps provided additional service in suitable cases.

Training and Rehabilitation

Families are sometimes so badly at odds with the community, and with themselves, that it is felt necessary they should receive a period of training and rehabilitation at a home specialising in this type of work.

Selected families usually spend six months – sometimes longer – at a suitable home where the mother will receive help in housewifery and child care. Husbands are usually encouraged to join their families at weekends but, in some cases, they live with their families and obtain work near the training home.

A most important feature of the work of a training home for families is the help given towards the solution or easing of marital problems.

At one of the homes in Surrey, Frimhurst, which is privately run, families spend the last phase of their training in a flat where they shop and cook for themselves on a budget equivalent to the social security level.

Three families were admitted for training to privately run homes during the year. In addition, ten families received training at establishments run by the Council.

Holidays

Recuperative holidays were arranged for 34 families. 79 children from families at risk received a fortnight's summer holiday at Sheephatch School, the Education Committee meeting the full cost.

Children and Young Persons Act 1963

Under Section 1 of the Children and Young Persons Act, 1963 it is the duty of every Local Authority to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive them into or keep them in care or to bring them before a juvenile court. The Children's Committee authorised financial assistance to a number of families, mainly in respect of arrears of rent, payment of gas and electricity bills, arrears of hire purchase payments etc. Rent guarantees were given to Housing Authorities in some cases.

Divisional Medical Officers and Social Workers were concerned in presenting many of the applications for assistance. Both the Children's Officer and I have delegated authority to approve cases where the cost does not exceed £100.

Cases approved by me involved 55 families including 185 children. 37 grants and 16 loans were made to these families and 9 rent guarantees were given to Housing Authorities. Payments were made during 1969 under 3 of these guarantees.

ADAPTATIONS TO HOMES OF PATIENTS USING KIDNEY MACHINES

This is a new service following the decision of the Ministry of Health to commence in 1968 the installation of artificial kidney machines and dialysing facilities in the homes of selected patients, such service to be based on a main centre at a hospital with full supporting facilities.

The kidney machines are provided and maintained by the Hospital Authorities who also pay for the extra cost of electricity for running the machine and the installation and rental of a telephone where this is necessary. The relevant medical services are provided by the Hospitals.

The cost of incidental adaptations to the homes of patients is the responsibility of the Local Authorities. Such adaptations consist mainly of plumbing and electrical wiring though in some cases an extension to the property may have to be built. Towards the end of 1969 the possibility in suitable cases of supplying on loan a prefabricated room to contain the kidney machine was actively considered.

The financial resources of patients are assessed to decide what contribution, if any, they shall be asked to make towards the cost of adapting their homes.

A feature of this service is the need for speedy action. When the Local Authority is alerted by the Hospital that they may expect a patient to be discharged home in the near future it is imperative that no delay in making the necessary arrangements shall occur; otherwise the patient must remain in the hospital dialysing unit, thus using a place required by another patient who may be desperately ill and at grave risk. This calls for a very high degree of co-operation between the hospital medical and administrative staff and, the technical, medical, administrative and field staff of the Local Authority. Frequently the Housing Authority is involved, either because the applicant is already a tenant or occasionally when it is necessary to offer rehousing to a patient and his family owing to their own house being unsatisfactory for home dialysing – e.g. insufficient water pressure.

By the end of 1969 8 patients had had their homes adapted with the assistance of the County Council as follows:–

Homes owned by patients or spouses	Homes owned by Housing Authorities	Homes owned by private landlords	Total number of applicants	Financial assistance given by County Council			Other arrangements
				Grant of whole cost	Grant and Loan	Loan of whole cost	
6	2*	–	8	3	2	2	1†

* One patient rehoused by Reigate M.B. as his own home was unsuitable for adaptation.

† Employer paid for the adaptations.

FAMILY PLANNING

The majority of family planning clinics in Surrey are conducted by the Family Planning Association, managed by local clinic committees within the framework of the Surrey Branch. There is close co-operation between the Health and Welfare Department and the Surrey Branch Executive of the Family Planning Association, two officers of the department being co-opted members of the committee. A total of 29 clinics were operating by the end of 1969, together with two Youth Advisory Centres situated at Guildford and Woking. 16,907 individual patients visited the clinics for the first time during the year, an increase of some 3,000 over 1968. The total number of repeat visits to the clinics in the year was 24,105 and the total number of all patient visits was 40,285.

The Surrey County Council make a grant of £1,000 per annum to the Family Planning Association under the Family Planning Act, 1967. This is to allow for remission of charges where women require family planning on medical grounds, or where it is required on social grounds by needy families. The figures for 1969 show that slightly more than this sum was remitted, and with the prospect of increased fees in 1970 it is proposed that the grant for 1970/71 should be increased.

Apart from the financial assistance mentioned above the county also assists the general cause of family planning in the area by allowing the F.P.A. the use of clinics free of charge, including all services, and the majority of clinics do take place in County owned premises. The Council also pays the rent of the buildings occupied by the Family Planning Association at Woking, and make available the rooms occupied by the central office at Guildford.

Additionally, the County Council provides four clinics staffed by county-employed medical and nursing staff. These are situated in Ash, Caterham, Cranleigh and Guildford. 1,911 patient attendances were made at these clinics during the year. A limited domiciliary service is also provided, whereby 14 new patients were visited and 27 return visits were made. 35 of these were to patients in the temporary housing at Oxted Green.

When the Family Planning Act first came into being, a series of lectures was arranged for staff in the health visiting and nursing field and for social workers. The purpose of these introductory lectures was mainly to give staff some insight into the widening scope of their duties which would now take place, and they did not go into much detail regarding family planning methods. It has since become evident, however, that if health visitors and district nurses/midwives who are extremely well placed to introduce the public to family planning are to do this effectively, they must be capable of answering the numerous questions they are asked in much greater depth. By this means anxiety is allayed and the patient approaches the clinic far more willingly and with greater confidence.

During 1969, therefore, a series of lectures was begun, attended by groups of health visitors, district nurses and midwives. These have been given by a Consultant Gynaecologist on the County staff, and have dealt with family planning methods in greater detail. In each case the groups have been limited to twelve participants to enable more freedom of discussion to take place.

The need for a domiciliary service has been raised on various occasions, both at these groups and elsewhere, but it is exceedingly difficult to gauge the demand in an area like Surrey. The requests for domiciliary visits have been very few even in the parts of the County where they have been available. The matter has recently been considered in more detail however, and it is felt that some planned extension of the domiciliary service should take place during 1970/71. The good work done in such communitites as Oxted Green might set a pattern for other areas. The response to any increased provision which it is possible to make will be watched with interest.

WELL-WOMAN CLINICS

26 well-woman clinics were provided throughout the County during the year. Some clinics were held once a fortnight and in the busier areas two were held each week.

These clinics, started in 1966, were planned as a more comprehensive health check than solely the taking of cervical smears, as it was thought that a contribution could be made to the early diagnosis of other types of cancer, especially of the breast, and to a more general health check. The justification of this decision is borne out by the statistics which show that about 130 patients in every thousand require referral for some form of medical treatment whereas the number of smear tests requiring further follow up is only 8.3 per thousand.

The total number of smears taken was 10,132. The annual number has shown a steady rise since the clinics were first started, but quite a number of patients now being seen are those returning for a second smear after a three year interval. In some areas the numbers of new patients coming forward are very small and if the clinics are to continue to run, more publicity will be required. The health visitors could do much to persuade the younger patient to have a smear test but they do not come into contact with the older age groups.

Of the smears taken in 1969, 62 were reported as Class 3, showing abnormal cells and requiring further follow-up; 18 were reported as Class 4, showing a pre-invasive cancer; and 3 were reported as Class 5, where an established cancer was already present by the time the patient came to the clinic.

The average number of patients seen in a session varies very considerably from 6 up to 15. It is not easy to obtain a full turn-out of patients. Some do not reply accepting or declining their appointment, some accept and then do not attend while others cancel their appointments for various trivial excuses. If only a small number of patients are seen in a session, the service becomes a very expensive one to run.

The number of smears taken in each of the Divisions and Delegated areas of the County is noted below, compared with the population:-

Division/Delegated area	Smears	Population
South-Western	2,432	246720
South-Eastern	3,177	243220
Northern	942	96730
North-Western	651	201910
Woking	878	78180
Epsom	916	72190
Esher	874	63190

As a new venture, during 1969 a Well-Woman Clinic was held at County Hall for members of the staff. 280 women availed themselves of the service which was much appreciated. This was a response of approximately 50 per cent.

It is apparent that a much smaller work load is carried by the Local Authority in the North Western Division than in the rest of the County. It is possible that the G.P.'s are providing a more comprehensive service in this area.

It is easy to get a good attendance where the clinic goes to the patient, e.g. County Hall and the Milk Marketing Board. This suggests that further efforts should be made to visit factories or places with a large number of female employees.

PROMOTION OF HEALTH

Health Education

Reports from the divisions and districts show that the educative value of group work is receiving greater attention. In addition to the work in ante- and post-natal groups, the staff have been involved in a wide complex of organisations reaching into the very fabric of the community. Examples are pre-retirement groups, local residents' associations, women's co-operative guilds, community centres, old people's clubs, young wives' groups, Red Cross Society, St.John Ambulance Cadets, Girls' Life Brigade, Guides, Scouts and other groups. Topics used to support discussion in the art of healthy living include home safety, immunisation, cervical cytology, preparation for school, hygiene in the home, the role of the health visitor or district nurse, cancer prevention, home nursing, mothercraft, first aid, the work of the public health inspector, feeding the mongol child, drugs, baby care, Nurseries and Child Minders regulations, advanced nursing, hypothermia, nutrition, maternal and child health, and the health and welfare services.

To support and enhance this teaching a full programme of in-service training was promoted centrally and assistance given to the training of pupil nurses, student midwives, district nurse students, student teachers, officers and men at the Regional Ambulance Training School, as well as to many voluntary social service organisations promoting the training of their own members. Of special interest was a study day for medical officers on teaching methods in health education.

As usual certain aspects of the work received special consideration during the year.

Cancer education

Surrey was the first county to team up with the Health Education Council mobile unit in launching a pilot scheme of cancer education, later extended throughout the Home Counties. The scheme was in two parts: firstly, an initial training course in methods of cancer education with special reference to the use of the mobile exhibition unit; secondly, the use of the unit for direct education to public groups in two centres of population. The unit was a 22 ft. long trailer divided into an audio-visual aids operation control room and a display area. The control room was equipped with closed circuit television with its associated cameras, and had 16 mm ciné film, 8 mm cassette film and automatic slide rear projection facilities. Eight illuminated exhibition display panels and limited seating were provided. On its first visit to the county the unit was placed at Guildford and Horley for one week at each town. One day was occupied with an in-service training programme for 10 doctors, 13 health visitors and 6 district nurses. For three subsequent days the unit was manned in pairs by the same staff when it was stationed in the market place and the Tunsgate car park, Guildford and outside the health clinic at Horley. A total of 753 people attended the unit, including 139 men. There was no set pattern of procedure but, when possible, the staff gave a short talk, followed by a film or slides, and concluded with discussion or the answering of questions. Ample supplies of literature on various aspects of cancer education were freely available and women were invited to apply for a cervical smear examination at one of the local clinics. The visit was prepared by publicity through advertisement and editorial comment in the press, by circular letters to hospitals, general practitioners and local organisations, and by distribution of posters and leaflets over a wide area. The unit can be adapted to deal with other subjects in the field of health education.

Although a good deal of publicity had been given to the Well-Woman clinics there had been a falling off in attendances in some areas. In one division approaches were therefore made to factories, especially those having a large number of female staff in the over-30 year age group.

Smoking and health

The subject of smoking and health received continuous attention throughout the year supported by a wide distribution of informative literature. Two further group therapy clinics were held at Dorking and Ashford. In the former clinic, although attendances were quite small, the clinic achieved 100 per cent success up to two months after the end of the course. At the Ashford clinic some 80 people attended, most of whom succeeded in giving up smoking or considerably reducing the habit. Investigations some six weeks after the end of the clinic showed that nearly 40% were still non-smokers or had reduced to very small amounts. The Divisional Medical Officer arranged, as part of a concerted campaign, for appropriate health education talks and films to be given in local schools at the same time.

Nutrition

This important element in health education received careful attention by the nursing staff. In addition some 170 sessions were carried out by lecturers in the Education Department on nutrition for the elderly, family meals, hygiene in the kitchen, home safety, diet in pregnancy, children's meals, nutrition budgeting, summer foods, nutrition and dental health, mixed feeding, sensible slimming and so on. The lecturers also assisted in the in-service training of health visitors, home helps, and staff of residential centres.

Exhibitions

A continuous display on dental health was provided for use in health and dental clinics in the form of a large model roundabout, constructed and erected by the health education staff.

Displays were also provided on the following topics: cervical cytology, diets for children, children's feet, prevention of accidents, infant feeding, and smoking and health.

Dental health education

Received a considerable impetus with the appointment of a full time professionally qualified lecturer early in the year. Priority was given to work in schools described in detail later in my report but visits were also made to health clinics and community organisations for specific talks on dental health. Dental officers and ancillary staff contributed to the programme on request.

Audio-visual aids.

Improved supplies of teaching aids and equipment were acquired mainly for use in the divisions and districts. Film and filmstrip projectors, overhead and cassette projectors, charts, models, display boards, art equipment and publications all provided the basis for a greater impact in health education.

CHAPTER SEVEN – WELFARE SERVICES

PROVISION OF RESIDENTIAL ACCOMMODATION

Full details of the development plans for residential accommodation were given in the Annual Report for 1968. This year has seen the first fruits of several years of planning and preparation and is a notable one for the major changes that have been made.

Five new Homes have been opened to accommodate 104 men and 156 women, 260 in all.

The accommodation at two of these Homes at Banstead and about two-thirds of a further Home at Hurst Park replaced 139 places at The Oaks, Epsom, an old public assistance institution which was closed and sold to allow further development of the adjoining Epsom District Hospital.

New Homes at Farnham and Woking have replaced 96 places at St. Andrew's, Farnham, another former public assistance institution and it also has been sold to the hospital authorities for redevelopment.

Therefore, although five new Homes with 260 places have been opened in the year, the net gain in places is only 25. Nevertheless, the county has now replaced nearly all its old public assistance homes as it is only left with St. Anne's, Redhill, and the Hambledon Homes, which come within this category.

Three of the new Homes, "Heathside", "Cobgates" and "Thames Side", are built on a cross-plan and each provides six units which are self-contained except for dining space. Each unit with four single rooms and two double rooms has its own lounge, bathroom and toilets; there is a central dining-room and there are additional large sitting areas. In addition, provision is made for 10 day care cases in each Home.

This design is proving very successful in operation. It has broken the Home down into small social groups which allows great flexibility in "matching" residents and makes easier the provision of special supervision for groups with special needs.

Supervision is, of course, more time consuming, owing to the number of bedrooms, but this is partly countered by the use by attendants of a radio-call system.

The change from the old institutions to these new Homes has had a profound effect on the older residents. They have responded wonderfully well to the new environment and shown a greater interest in recreational activities and in their personal appearance. It has been a difficult period for the Matrons concerned with this transition but they have succeeded beyond expectations and deserve every credit.

With all these changes, staffing has been a major problem. At times Homes have been very short of care and supervisory staff and a number of Matrons have carried a heavy burden without relief for long periods. This situation is likely to continue in spite of every effort being made to improve recruitment.

Statistics relating to the provision of residential accommodation are given in Tables 17 to 19.

Homeless Families

The work of the team of Social Workers offering intensive help to families who are in county temporary accommodation continues to increase. 19 more units of accommodation have become available, three being cottages owned by the Council, the remainder are two groups of eight council houses on lease from Walton and Weybridge U.D.C. and Woking U.D.C. In accordance with a previously decided policy a Warden/Training Officer has been appointed at Milford and it is planned that two similar appointments shall be made in Weybridge and Woking early in 1970. Social casework and domestic training have both been extended and play groups for children between 2-5 years have already begun and are proving most successful. The play group affords harassed mothers some relief and they have responded to a recently established wives group where social workers lead discussions on domestic matters. Children's libraries have been established. The social workers maintained an effective standard of help to homeless families, acquiring alternative accommodation for them, assisting with various social problems and the clearing of debts. Several of the families have been bankrupt and therefore required extensive skilled help to resolve their involved financial situation. Difficulty is still encountered in providing a solution to meet the need of emergency admissions outside normal office hours due to lack of sufficient units, and consideration is being given to the provision of a Reception Centre.

In addition to the accommodation described above, steps are being taken to acquire a number of single houses in widely scattered areas of the County which will mainly be used for families who have secured a prospect of rehousing by a District Council and who do not require such intensive case-work during the period which must elapse before a house becomes available. Statistics relating to homeless families appear in Tables 20-22.

SOCIAL WORK SERVICES

The restructuring of the social work services and the introduction of integrated case loads as outlined in last year's report has made excellent progress. Divisional Social Workers co-ordinate teams of Social Workers each led by a senior social worker providing services for the physically handicapped, families at risk, the blind, deaf, elderly and homeless families. Sub offices are now open and the close links which can thus be established with the community is proving of great value.

Many of our own staff have been promoted into senior positions, others being recruited from outside the county and the number of professionally qualified social workers continues to grow. Details regarding trainees and staff development programmes are dealt with in the chapter on training. Progress has not been made without difficulty, movement of staff and lack of office accommodation contributing to the problems and it is to their credit that social workers have during the period of major change remained loyal, conscientious and cheerful endeavouring to meet the rising demand upon services.

During the year there was a 7% increase in the combined register of blind, deaf and physically handicapped, the latter group adding 315 names (see Table 23). Much intensive work has been done with families at risk, the elderly and homeless families and aimed at preventing individual members of a family, children or adults, having to enter residential establishments. More is said about this in the previous section on the Provision of Residential Accommodation and in the chapter on Prevention of Illness, Care and After Care.

The introduction of integrated case loads whereby training, knowledge and experience are used appropriately enables one worker to deal with various problems presented, thus minimising the need for several workers to visit the same family. Some Home Teachers of the Blind prefer to work solely with the blind and partially sighted although they contine to extend their general social work knowledge.

At County Hall the professional social work is co-ordinated by the Principal Social Worker supported by the Social Work Training Officer and a team of senior specialist consultants. Mr. F. J. Stevens, Senior Social Worker for the Blind has been redesignated Voluntary Services Liaison Officer and as such he is available to discuss with Voluntary Organisations changing needs, new policies, gaps in services and the use of voluntary helpers.

A few facts and figures regarding some special services may be of interest.

Welfare of the Blind and Partially Sighted

A wide range of services continues to be provided including home visiting by social workers, the provision of handicraft classes and social clubs, the latter being organised by local voluntary committees.

The County sponsored blind persons in training centres, workshops and as home workers. Grants were paid to the National library for the blind for Braille and Moon books and 182 people were supplied with the Talking Book service.

Towards the end of the year it was decided to appoint two Domiciliary Rehabilitation Officers whose duties would cover the blind and other physically handicapped persons. They would be expected to become proficient in teaching the long cane technique and one person appointed for this work is at present undergoing special training in Birmingham.

Close co-operation continues to exist between the Council and the Surrey Voluntary Association for the Blind who make grants for holidays and other purposes not covered by the Council's schemes.

Welfare of the Deaf

The main assistance given by the Council to those born deaf and the deaf without speech consists of a visiting service provided by Social Workers who are specially trained and able to communicate with those who have personal problems or require advice on services available or who need the help of an interpreter at hospitals, Courts, etc. The services of an audiology technician are available to elderly people in residential homes, and social clubs for deaf people exist in some areas.

Other Handicapped Persons

The demands on this service continue to grow, social workers helping clients with personal and domestic problems arising out of illness or handicap. A very extensive service for the supply of aids and equipment exists and the number of requests continues to increase (1,868 in 1968; 1,918 in 1969). Adaptations to homes, sponsoring handicapped people in training centres, rehabilitation units and sheltered workshops, the supply of car badges for disabled drivers to ease parking problems are but a few of the specialised services offered to handicapped people. A total of 1,325 disabled people attended 39 clubs or classes, transport being provided either by nine special ambulances supplied by the Council or by contractors, voluntary drivers and patients' relatives. A speech therapy service for handicapped people confined to their homes is also available though regretably limited due to staff shortages. The Voluntary Association for Surrey Disabled continues to organise, on behalf of the Council, handicraft classes, holidays and transport.

Occupational Therapy

Occupational Therapy for persons with chest conditions, the handicapped and elderly continues to be provided on an increasing scale under arrangements co-ordinated at the County Occupational Therapy Unit at "Rentwood", Fetcham, where there is a Head Occupational Therapist and Deputy with 10 Occupational Therapists, 16 Technical Instructors, and supporting stores, clerical and ancillary staff.

In addition to domiciliary visiting the Occupational Therapy staff attend day centres and classes for the handicapped, and Clubs for the Elderly organised respectively by the Voluntary Association for Surrey Disabled and Surrey Association for the Elderly.

SOCIAL WORK

The social worker provides a means of communication for an elderly deaf-blind lady.

OCCUPATIONAL THERAPY

Part of the assembly work centre at the County Occupational Therapy Unit at Fetcham. (Photograph by courtesy of the Daily Telegraph).

The numbers and categories of persons receiving Occupational Therapy on 31st December, 1969, were:–

CATEGORY	DOMICILIARY	CLASSES	POSTAL	WORK CENTRE	TOTAL
CHEST	63	21	6	8	98
DISABLED	215	300	26	36	577
ELDERLY	16	196	1		213
TOTAL	294	517	33	44	888

In addition 1,404 persons were visited by Occupational Therapists for the purpose of making professional assessments prior to the supply of aids and equipment.

The Work Centre at Rentwood is fully operative and provides facilities for persons to engage in remunerative occupations such as printing, assembly, woodwork and metalwork.

An Occupational Therapy class also operates weekly and there is a permanent display of aids and equipment with facilities for assessment. Facilities also exist for disposal of goods made by patients incorporating a scheme for the buying in of completed articles. During the year, exhibitions and sales have been held at agricultural and horticultural shows throughout the County and at one of these the Mobile Shop was awarded the Daily Telegraph Trophy for the Best Trade Stand.

All special aids and equipment needed by handicapped and elderly persons are authorised and distributed through the Occupational Therapy Unit. Recommendations for the supply of aids generally originate from field workers to whom the advice of the Occupational Therapists is always available in the more difficult cases. The number of aids supplied is still increasing, 5,891 in 1969 as compared with 5,535 in 1968. In many cases, to meet the particular needs, aids are specially constructed in the workshops at Rentwood.

During the year an Organisation and Methods review was carried out at Rentwood with particular emphasis on procedures relating to the issue of aids and equipment and to the necessary administrative and financial control. This has resulted in a general "streamlining" and more economical use of manpower.

CHAPTER EIGHT – HOME HELP SERVICE

Early in 1969 a report was submitted to the Health and Welfare Committee in which every aspect of the Home Help Service was reviewed. The main points brought out in the report were that:–

1. The development of the service was not proceeding at a high enough rate to meet demand.
2. The position in Surrey compared unfavourably with other Authorities.
3. The inadequacy of the service was a serious matter in view of:–
   (*a*) the increasing proportion of elderly in the population (estimated at 20% increase in the next 10 years).
   (*b*) developments in the domiciliary care of the mentally disordered.
   (*c*) proposals to develop the new district hospitals and to produce a quicker turnover of cases.
   (*d*) the considerable extension of the family social work services thereby bringing to light fresh needs for home care.
4. There was difficulty in recruiting home helps in the face of severe competition for domestic labour in residential areas and from attractive light industry.
5. The organising staff were numerically weak and excessively involved in clerical duties.

The Committee accepted that recruitment in Surrey will never be easy but that, on the other hand, much could be done to attract suitable staff by arranging meetings between home helps and members of the nursing and social work services thereby giving home helps an insight into their important role in the domiciliary care organisation of their locality. This in turn would, with good leadership from the Organisers, lead to the creation of an esprit de corps.

The Committee recommended the appointment of three additional Assistant Home Help Organisers so that one of these officers could be stationed in each of the nine areas covered by teams of social workers then being set up, and three additional half-time clerks were also authorised. Most of these appointments were made before the end of the year, thus freeing the Home Help Organisers for more important supervisory duties. The Assistant Organisers are being accommodated, wherever possible, in buildings occupied by Social Workers.

Other measures taken to improve the service have been the provision of a new light-weight uniform in blue nylon with badges marked "SURREY C.C. HOME HELP SERVICE" and the introduction of training courses for organisers and their assistants. The system of clerical work in the Home Help offices is under reorganisation.

Although it is too early to say to what extent these measures will affect the service, an improvement in the recruitment of Home Helps has already been reported.

An analysis of the services provided to the various types of cases in the county as a whole can be found in Table 24.

Establishment

The establishment of equivalent full-time home helps for the financial year ending 31st March 1970 was 276 (276) and the average number of equivalent full-time helps employed weekly throughout the calendar year was 273.7 (263.8). In addition the equivalent of 35.6 (34.0) full-time helps per week were employed under the Neighbourly Help Scheme. 1968 figures are shown in brackets.

Whiteley Village Homes, Walton on Thames

During the year domestic assistance was provided to 67 elderly persons in the homes in Whiteley Village who could not afford to pay the full cost of the service. In all 41673 hours service were so provided as against 5593 for 1968.

Special Payments.

The Council continued to make special payments at the discretion of the Divisional Medical Officer to home helps called upon to carry out arduous work in extremely distasteful circumstances in order to restore premises to conditions of cleanliness and comfort.

Night Attendance Scheme

The Council are prepared to reimburse appropriate voluntary organisations with loss of fees and bus fares in running their night attendance schemes. One application was received in 1969.

There is also a scheme whereby grants of up to £1 per day may be made to a recognised voluntary body which, subject to my prior approval, arranges for bed-ridden patients, for whom no other care is available, to be maintained in nursing homes or old people's homes for a maximum period of three months. No applications were received during the year.

CHAPTER NINE – TRAINING

Since the whole subject of training is becoming increasingly important in meeting the changes inherent in our rapidly developing social services, I have decided this year to devote a special chapter to this aspect of the work of the department.

As will be seen in the following reports of training in the individual sections, a common theme clearly emerges – that of the recognition of our responsibility for contributing to the raising of professional standards. This is reflected by the fact that nearly 100 courses, conferences and study days were attended during the year by staff at all levels; by our trainee schemes which give tuition and supervised working experience as an integral part of pre-professional training and by the steadily increasing number of trainees and other staff seconded to full time professional courses. In addition we have provided field work placements for students attending a variety of courses from all over the country; and at a local level, staff in all sections have been widely committed to organising or contributing to courses for voluntary workers and other community groups.

Details of the training of all kinds undertaken by the staff of the department are as follows:–

INTERDISCIPLINARY COURSES

Management Studies

Two courses were held in the department during the year both of which were taken by the same Management Consultant. The first, which was held at Glyn House was attended by a group of 30 Senior Medical and Nursing Officers, Health Visitors and Social Workers and consisted of 6 full day sessions.

The second was held at Brookwood Hospital with Medical and Nursing staff of the hospital joining a group of Mental Health Social Workers in a total group of 20 for 9 sessions. A follow-up of both courses is planned for early in 1970.

Human Relations and Mental Health

A full week of lectures and discussion was held in May at Glyn House for a group of 70 Health Visitors, Nurses, Midwives and Social Workers. The course was arranged by the staff of the School of Family Psychiatry and Community Mental Health of the Tavistock Institute of Human Relations.

Mental Subnormality

A series of 9 seminars were held on this subject by a psychiatric consultant for a group of Health Visitors and Mental Health Social Workers.

ADMINISTRATIVE STAFF

In general courses for administrative staff are arranged by the Establishment Officer and many in administrative and clerical grades have studied for local government examinations. In addition senior staff have attended a number of external courses including those on –

Public Health Administration
Management Studies
Civil Emergency
Background courses for registrars.

AMBULANCE SERVICE

In this section the Training School holds a central place not only in the new Head Quarters but in the work of the service as a whole. Since 1967 Surrey has provided one of the 9 Regional Training Schools used by Authorities from all parts of the Country.

In 1969 6 courses of 6 weeks duration were held for recruits qualifying for the 'Millar Certificate', and 8 special refresher courses were held for men with over 2 year's experience, to bring them up to the national standard set by the Millar Report. These courses were attended by 195 personnel of whom 135 were Surrey Ambulance Staff and 60 were seconded by other Authorities.

Continuous in-service training was also arranged for existing staff to maintain the high standard of Ambulance work in the county.

A substantial amount of time was spent by the Training Officer and his staff in giving instruction in first aid and resuscitation both at the Headquarters Training School and at many centres in the community.

43 visits were paid to Fire Stations to give instruction to Fire Service personnel and in addition 82 periods of instruction were given to a total of 1,155 people including District Nurses and Midwives, staff and students of schools and Technical Colleges, staff of Insurance Companies, Red Cross and St. John Societies, Young Wives and Youth Groups. The Training Officer also arranges for many groups of people to visit the Ambulance Headquarters and to learn of the work of the Service.

CHILD GUIDANCE CLINICS

Staff of the Child Guidance Clinics including Psychiatrists, Educational Psychologists and Social Workers, attended a total of 10 study courses and conferences during the year. These included:–

Hearing and mental assessment of deaf children
Association of Psychiatric Social Workers Study Course
"Uses and Abuses of Psychiatry"
Training course for Educational Psychologists
10 Officers (1 staff member from each of our 10 child guidance clinics) attended the 25th Child Guidance Inter-clinic Conference.

HEALTH EDUCATION

A report of the work of this section which includes a large training component will be found in chapters six and thirteen.

HOME HELP SERVICE

This year it was decided to restart the short courses which have in past years been held for Home Helps. In the autumn an evening course consisting of 6 weekly sessions was held in Godalming and attended by 20 local Home Helps. From this course an outline programme has been constructed to act as a guide to Home Help Organisers who will be assisted in conducting future courses with local variations throughout the county. It is hoped that these courses will increase the interest of Home Helps in their work, and their appreciation of the part they play within the total service in supporting families, the elderly and the sick of the community.

Home Help organisers and their assistants took a large number of student nurses, social workers and other trainees for short periods of observation to give them the opportunity of learning at first hand of the work of the service.

MEDICAL AND DENTAL OFFICERS

Medical Officers in the county attended a total of 25 courses and professional conferences on a wide range of subjects including –

Audiology
Dental Health Education
Family Planning
Mental Health
Use of Computers in Medicine
Developmental Paediatrics
(details of this course are given in the chapter on Maternal and Child Health).

MENTAL HEALTH

Professional Training

In this section there is regular secondment of the staff of several disciplines for professional training.

During the year 3 Mental Health Social Workers gained their certificate in Social Work, and one officer obtained the certificate in Mental Health. One assistant teacher and one trainee assistant teacher obtained their certificates as teachers of the mentally handicapped, and 2 assistant teachers commenced one-year courses and 2 trainee assistant teachers two-year courses for this certificate.

One Manager and one work-shop supervisor gained their certificates as teachers of mentally handicapped adults whilst 2 other staff of the technical training centres proceeded on to one-year courses.

Trainee Schemes

In-Service training courses were provided under the direction of the organiser of Special Training Schools for 6 trainee teachers and also for 8 trainee assistant house mothers at the hostel for subnormal children at Sendhurst Grange.

Students

During the year many students and in-service groups were welcomed for visits of observation both at technical training centres and Special Training Schools where opportunity was given for discussion with the staff.

Details of special courses for Mental Health Social Workers are given in the Social Work training section of this chapter.

NURSING SERVICES

Professional Training

Health Visitors

In this section the policy of sponsorship of candidates for Health Visitor training has continued. We have close links with the course at Ewell Technical College and 23 of the 26 candidates who were sponsored this year attended this course. Of the remaining 3, 2 went to other technical colleges and 1 to the University of Surrey.

District Nurses

As in previous years our District Nurse Training Course was attended by candidates from neighbouring authorities as well as those sponsored by Surrey. 3 courses were organised during the year by the District Nurse Tutor of 3 or 4 months' duration depending upon the individual student's qualification and previous experience. These were based at Ewell Technical College and of a total of 33 nurses who qualified, 25 were from Surrey and 8 from other Authorities.

Field Work Supervision

In both these professional training schemes practical work placements are an integral part of the course, needing close links between college tutors and fieldwork instructors. The department provided many student placements both for our own sponsored students and those from other Authorities. We also sponsored 17 Health Visitors on the course for Field Work Instructors and 9 District Nurses on a course on preparation for Practical Instructors.

In-Service Programmes

An extensive programme was arranged during the year of study days and courses including:–

1. Seminars to prepare staff for work in group practice attachments.
2. On the work of Family Planning and Well Women Clinics.
3. On the care of the elderly.
4. All Health Visiting staff were given the opportunity of attending seminars conducted by a consultant psychiatrist from St.Ebbas Hospital on the care of the Mentally Handicapped Child. Details of these seminars are given in the main report of the Nursing Services.
5. Statutory refresher courses were attended by practising midwives.
6. Re-orientation courses were arranged for a number of staff returning to Health Visiting after a break in service.
7. In-service Training was arranged for Nursing Auxiliaries consisting of a period of practical work with an experienced nurse and study days arranged by the District Nurse Tutor.
8. In May the annual fortnight refresher course was held at Glyn House. This year the form was altered. The first week followed the familiar pattern of lectures by specialists. The second week took the form of the interdisciplinary "Summer School" on Human Relations and Mental Health described earlier in this chapter.

Student Placements

In addition to the Health Visiting and District Nursing students, the staff of the section provided opportunities for students from many different courses to spend a period of observation within the department in order to gain insight into the work of the Nursing Services. This included Student Nurses from general and psychiatric hospitals in the county, from the Wolfson Experimental Nurse Training School of St.George's Hospital, the University Integrated Nurse Training Scheme and also a number of Social Work students and trainees working in the county.

RESIDENTIAL CARE

The urgency of establishing and developing training for the staff of the Residential Homes has now been nationally recognised. This year the Social Work Training Officer has spent considerable time working with the Matrons on preparation for our own In-Service Courses for attendant staff which will start in January 1970. A study day for Matrons to finalise these plans was held in October. 2 Matrons attended a "Special Emphasis" course run by the National Old People's Welfare Council.

During the year many parties of student nurses and others paid visits of observation to the Homes.

SOCIAL WORK SECTION

Social Work Training Officer

This year the new appointment was made on April 1st of Social Work Training Officer to co-ordinate and develop all aspects of training and staff development for Social Workers, the staff of Residential Homes, for Home Helps and to participate in training schemes for voluntary workers.

Professional Training

The policy to second staff for professional training has continued. During the year 5 social workers returned to the general social work section and 3 to the mental health services section after successfully obtaining the Certificate in Social Work. In the autumn 3 further staff members were seconded for training.

Social Work Trainees

In-Service training was continued for the 7 trainees in the department. In March the In-Service course being held jointly with the Children's Department was completed. This had been attended weekly over 2 academic terms. During the rest of the year regular training days have been held.

In-service programme

Integration Courses

Following the integration of the Social Work Services, integration courses were arranged for all general Social Work staff. 4 courses were held each attended by approximately 20 members and comprised 6 full days of talks and discussion on different aspects of the work undertaken in the section.

During the year other staff development projects were arranged including –

(i) A short course for Social Workers working with homeless families.

(ii) Four Seminars for Senior Social Workers on staff consultation.

(iii) The completion in March of an intensive in-service course for experienced but unqualified Mental Health Social Workers culminating in a week's residential course at Glyn House.

(iv) Another weekly course starting in October for a group of 8 newly appointed graduate Mental Health Social Workers.

(v) A training group for Welfare Assistants.

(vi) Orientation sessions were arranged for all newly appointed staff and those returning to the department from professional courses.

External Courses

During the year staff were enabled to attend a total of 25 external courses, study days and conferences on a variety of subjects including:–

Youth Work with the Deaf
Welfare of the Elderly
Group Leadership
Student Supervision
Specialist subjects in the Mental Health Field
The Heimler Scale of Social Functioning.

Students

This year we were unable to offer as many long student placements as usual in the general social work section as staff needed time to settle down in the new divisional teams. However, 1 medical social work student was supervised in the Dorking Office, and 6 other professional students were taken by Mental Health Social Workers.

In addition 20 students spent periods of up to 2 months in the department observing community services and gaining practical work experience.

Lecturing

Several senior staff were called upon to lecture on professional social work courses and to those staff in the residential child care service. Many other staff also participated in courses run by voluntary welfare organisations including Red Cross, Old People's welfare and the Council of Social Service. A course of 3 day sessions was organised especially for voluntary workers concerned with the welfare of the disabled.

CHAPTER TEN – AMBULANCE SERVICES

During the year there were no major changes in the organisation or administration of the service but the operational headquarters were moved on 7th September from the old Walton Lodge premises in Banstead to the new purpose built headquarters building alongside.

This is one of the most modern purpose built centres of its kind and offers the fullest range of services and training facilities. On the top floor is a full-time operational control for the whole of the County, on the first floor is a fully equipped training school and on the ground floor a general stores, workshop and vehicle store.

Over £15,000 worth of the latest switchboard and radio equipment has been installed plus a new 150 ft. radio mast which gives an extended range and improved signal quality and has eliminated the use of G.P.O. land lines. The central control is connected by private teleprinter network to each of the ambulance stations and this is used to maximum effect by being switched over at night to feed out automatically a regular flow of routine work instructions to be dealt with by the stations the following day.

The radio in the control room is the key point at which all operational decisions are made. All calls classified as urgent are transmitted for action through radio telephones installed in every one of the 121 vehicles stationed throughout the County. Direct lines link the control with Gatwick Airport and the accident reception hospitals in the County.

Doctors and hospitals are able to have calls routed straight through to the new control by dialling a local number.

Surrey was one of nine authorities invited in 1967 by the then Minister of Health to run pilot training schemes as outlined by the Working Party on Ambulance Training and Equipment (Millar Report, Part I) and the new facilities mean that the number of pupils attending courses can now be increased, some 193 students attending in 1969.

Occupying the entire first floor and equipped with specially designed lecture rooms and a projection room the school is run by a Training Officer and Instructors. Specialised techniques to meet today's demands are incorporated in the courses including use of support by helicopters and instruction in dealing with multiple smashes on motorways and rescue from crashed aircraft. Two week refresher courses, special courses for control staff and officers are also held at the school.

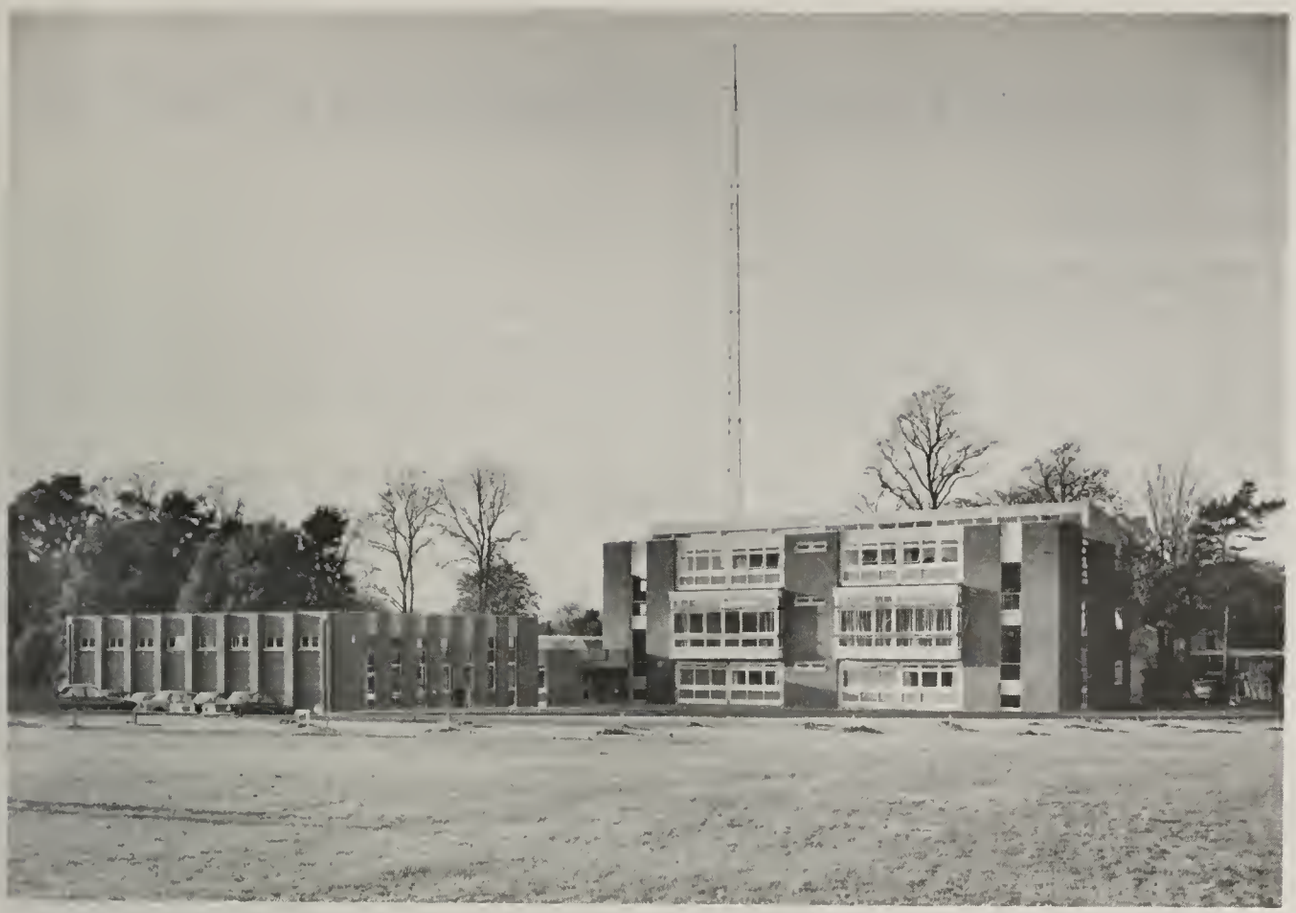
A canteen is provided which is available for all personnel of the service and a bar is operated by the Social and Benevolent Association.

The work of the service continued to expand although a major part of the increase was undertaken by the Hospital Car Service which continues to provide an excellent service for outpatients (Tables 25 and 26).

The present Major Emergency Procedure has proved successful in providing an efficient response to all incidents. On receipt of a major emergency alarm 4 ambulances are despatched to the incident together with a control landrover fitted with reserve first aid equipment, wireless and telephone communication equipment which is under the command of a senior officer. One ambulance is sent to collect the surgical team and their equipment and transport them to the incident, and an officer is sent to the Designated Hospital to act as Liaison Officer in radio communication from the hospital to the Main Banstead Control and the officer at the incident.

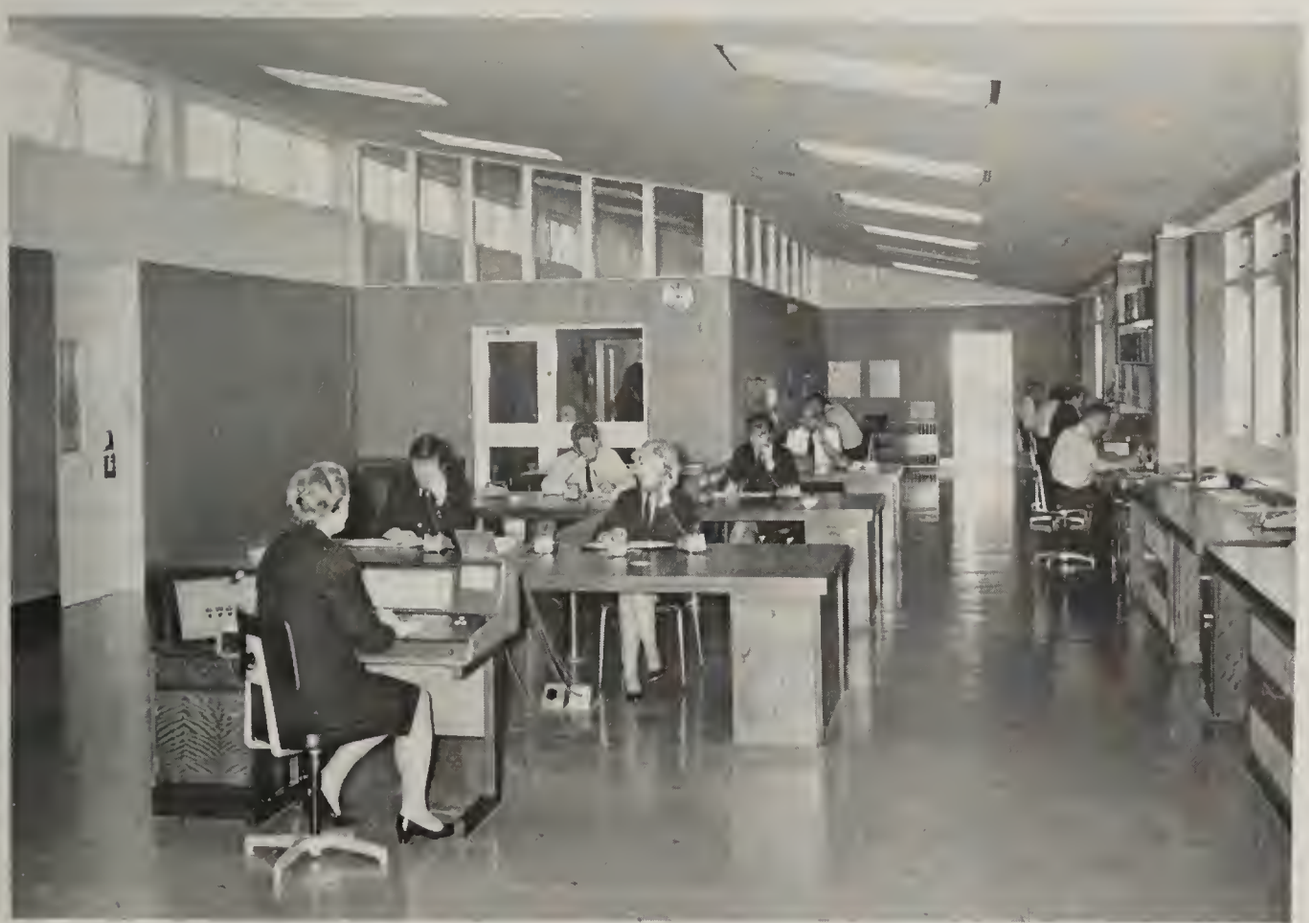
The Service attended an aircraft disaster near Gatwick Airport on 5th January when a jet airliner crashed with the loss of 50 lives. In spite of difficulty in locating the site of the crash the first vehicle arrived at the incident within 12 minutes and within 38 minutes of receiving the call the 17 accessible live casualties were en route to Redhill General Hospital.

The Incident Officer was awarded the Queen's Commendation for his part in the rescue operations and two other officers received Council Certificates of Merit.



AMBULANCE SERVICE H.Q

Surrey's new ambulance service headquarters and training school—one of the most modern purpose-built centres of its kind in Britain.



RADIO-COMMUNICATIONS

A total of about 1,000 service calls a day are channelled through the new control centre at Banstead.

CHAPTER ELEVEN – ENVIRONMENTAL HEALTH

MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1963-65

The County Council is the Authority for the implementation of the above Regulations in ten County Districts. An arrangement was instituted, many years ago, when there was a transfer of functions under new regulations, whereby Public Health Inspectors in these districts have carried out inspection and sampling duties, with appropriate financial adjustments. This arrangement continued satisfactorily during 1969 and close liaison has been maintained between the Authorities concerned.

Two milk pasteurising establishments closed during the year, and one licence to bottle Untreated (raw) milk was relinquished. There are now no pasteurising or sterilising establishments in our part of the County.

The increase in the number of licences granted for Ultra Heat Treated milk was maintained. This "Long Life" milk is gradually taking up an established position alongside sterilised milk as a "convenience" item, especially where there are problems concerning regular daily delivery of fresh milk. The following table shows the number of different types of dealers' licences which were still in force at the 31st December, 1969, in districts for which the County Council is the Food and Drugs Authority.

Type of Dealers Licence	In force Dec. 1968	New Licences	Relinquished	In force Dec. 1969
Pasteurising Plants	2	–	2	–
Farm Bottled or Packed Untreated	3	–	1	2
Prepacked				
Pasteurised	201	15	2	214
Sterilised	98	5	1	102
Ultra Heat Treated	65	17	1	81
Untreated	63	7	2	68
			Total	467

Under the Regulations all licences will expire on 31st December, 1970. It is expected that they will then become renewable for a further period of five years.

Sampling in respect of Dealers' Licences

The total number of samples taken, to ascertain whether the Regulations are being complied with, was 660, compared with 851 in 1968.

There were 22 sample failures, all of them in respect of the Methylene Blue test, which is a check on the keeping quality of the milk. This indicates that there were no failures on the part of the processing plants but that the faults were in the chain of distribution. Sixteen related to Pasteurised milk and the remaining six to Untreated milk. Of the unsatisfactory Pasteurised samples in nine cases no reason for failure could be ascertained after due inquiry and subsequent samples from the same source have proved satisfactory. There were six cases where late deliveries and inadequate storage conditions accounted for failures. Staff difficulties were blamed for two cases involving sales of Pasteurised milk from retail shops and in one of these the licence was subsequently relinquished. Management difficulties were the reasons ascribed to two failures of Untreated milk samples from a farm situated outside the County boundary. Supplies are no longer retailed in the County from this source and it is understood that all milk produced at this farm is now sent for pasteurisation. There were three other failures of Untreated milks where no specific reason could be found. Samples taken from the same suppliers have since proved quite satisfactory.

A statement showing the full results of sampling during 1969 is given below:–

Class of Milk	No. of Samples	Appropriate Test	No. of Samples		* Void
			Passed	Failed	
Pasteurised	489	Phosphatase	489	–	–
		Methylene Blue	472	16	1
Sterilised	65	Turbidity	65	–	–
Untreated	59	Methylene Blue	52	6	1
Ultra Heat Treated	47	Colony Count	47	–	–

* Samples are void for the Methylene Blue Test if the overnight shade temperature exceeds 65°F.

BRUCELLA ABORTUS

In spite of the introduction of the Ministry of Agriculturc, Fisheries and Food Scheme for the gradual eradication of Brucellosis amongst dairy herds, it is considered advisable to continue the routine sampling of Untreated milk. This milk has received no treatment, other than cooling, and is kept separate from all other types of milk. It is bottled or cartoned either at the farm or at the dairy and each bottle must bear the name and address of the producer. Samples are obtained by thc local public health inspectors from farms, roundsmen and local shops, and submitted for examination by the Public Health Laboratories at Guildford, Epsom and Brighton, to whose Directors we are indebted for the following information as to the results of sampling.

Raw milk from 41 herds was sampled during 1969 and 407 samples were submitted for examination. 16 samples were positive on a Milk Ring Test. The Milk Ring Test is a screening test only and merely indicates that further investigation is justified. Further tests were carried out at the 4 farms where positive Milk Ring Test results were found and in only one case was a herd found where cows were actually producing milk which had the *Brucella Abortus* organism. The whole of the milk production at this farm was diverted for pasteurisation until the offending cows were isolated and removed from the herd. The number of farms producing Untreated milk appears to be decreasing. Comparison with other counties, especially those where there are large numbers of dairy herds, indicates that the rate of infection of cows in Surrey is very low indeed. It is hoped to extend the sampling scheme to cover those cases where farm workers and their families regularly consume supplies of Untreated concessionary milk. However, this would include those farms where the bulk of the milk production goes regularly for pasteurisation and there are many hundreds of such farms in thc county. It is already increasingly difficult to maintain a reasonable standard of sampling but experience in other counties indicates that this would be a worthwhile procedure. It is satisfactory to report that those establishments owned or managed by the County Council have either joined the Government Eradication Scheme or have made arrangements for all milk produced to be pasteurised before consumption.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944

The following applications from Local Authorities for the Council's observations to the Ministry of Housing and Local Government under section 2(2) of the Act were received during 1969 and reported to the Highways and Bridges Committee by the County Engineer, supported by the observations of the County Medical Officer:–

Authority	Scheme	Estimated Cost
		£
Hambledon R.D.C.	Western Area Drainage	690,000
Dorking U.D.	Redland Cottages, North Holmwood – Water Supply	1,700
Godstone R.D.	Crowhurst Waste Sewerage Scheme	12,668
Hambledon R.D.C.	Horseshoe Lane, Cranleigh – Sewer Extension	2,271
Dorking & Horley R.D.C.	Broadmoor Wotton – Water Supply Schemes	3,620

All these schemes were examined and approved in principle by the County Council. They bring much needed improvement to rural housing conditions. Properties through the whole range of size and value which have heretofor relied on cesspools and inadequate water supplies can be brought up to modern standards by these schemes. A financial contribution is also made, on the basis of 35% of the net cost of the scheme, by the County Council, subject to certain limitations. The Government meets 35% of the cost, the remaining 30% being borne by the local District Council. Often, unfortunately there are extra costs, complementary to the schemes, but which are not grant aided, and these fall wholly on the District Council.

FLUORIDATION OF WATER SUPPLIES

Although the principle of fluoridation of water supplies was approved by the County Council in October, 1965, little or no progress has been made towards its introduction in any part of the County, due principally to the lack of unanimity in the supply areas of the water undertakings and to the practical difficulties in the way of fluoridating their water supplies to Surrey only.

The Health and Welfare Committee at their meeting in October considered Circular 6/69 and a Report of the Committee on Research into Fluoridation, together with observations and criticisms from the National Pure Water Association. In view of the Council's previous exhaustive consideration of this subject and the substantiation in the new Report as to the effectiveness and safety of this public health measure the Committee saw no cause to recommend any change in the Council's previous decision.

At the meeting of the County Council in December, a notice of motion called upon the Council to rescind its decision of October, 1965, and requested the Health and Welfare Committee to consider how fluoride might be made available on a voluntary basis to those who wished to have it. After a lengthy debate, during which many aspects of fluoridation were discussed, the motion was not carried.

FOOD AND DRUGS ACT, 1955

I am indebted to the Chief Officer of the Public Control Department for his report on the work of his department in respect of the above Act. Extracts of his report are given below.

GENERAL

The taking of samples for analysis of a wide range of articles checks the standard and quality of food on retail sale in the County Council's Food and Drugs area, which covers ten of the twenty-three county districts in Surrey. The estimated population in the area for 1969 was 325,970 and the number of samples taken is based on a figure of 3 samples per 1,000 of the population. The following table gives particulars of the 877 samples taken by Sampling Officers:

Articles	Number of Samples taken	RESULTS OF ANALYSES	
		Satisfactory	Adulterated or Irregular
Milk, Baby and Junior Foods, evaporated milk, milk beverage, invalid food and low fat skimmed milk	487	475	12
Beer, wines and spirits, cider, perry and shandy	27	27	—
Bread, buttered rolls, cereals, cornflour, flour and oatmeal	17	12	5
Butter, cheese, cheese spread, cheese sauce, cream – fresh and sterilised	20	20	—
Confectionery – flour and sugar	21	19	2
Chicken mince, chicken and ham patty, chicken in sauce, black pudding and batter mix	6	6	—
Canelloni, curry and rice, faggots, noodle shells in cheese sauce, spaghetti, stuffing	6	6	—
Coffee, ground and instant, drinking chocolate, fruit juice, soft drinks, tea and instant tea	31	31	—
Cloves, coconut, custard, dessert topping, marzipan, peanuts and rice	11	11	—
Cornish pasties, croquettes, Haslet, liver and bacon grill, lamb dinner	11	9	2
Dressed crab, fish dinner, fish paste, French dressing, gravy mix, mint sauce, pickle, sauce and soup	13	13	—
Drugs and medicines	11	8	3
Fruit and vegetables (fresh, dried and tinned)	24	23	1
Honey, jam, jelly, marmalade, mincemeat, pineapple preserve, ice cream, ice cream powder and instant whip	22	22	—
Lard, margarine, cooking oil, peanut butter, suet, low-fat yogurt	21	18	3
Meat (cooked and prepared) minced meat, meat paste, meat pies and meat puddings	74	68	6
Pie filling, Devon pie, fruit pies, rice pudding	9	9	—
Sausages, sausage meat, sausage rolls, frankfurters, garlic sausage, liver sausage and tinned sausages	61	59	2
Sugar, raw Barbados sugar, sweetener pen	5	3	2
TOTALS:	877	839	38

Of the 877 samples taken only 38 (4.33%) were found to be unsatisfactory. This percentage compares with 2.90% in 1968 and 2.99% in 1967. The trouble with food nowadays is not the old kind of adulteration such as the addition of water to milk. It is the use of additives and the presence of "foreign bodies".

Milk

Of the total of 460 samples of milk taken only twelve were found to be unsatisfactory. Four of these samples did not conform to the presumptive minimum standard of 3% milk fat or 8.5% solids other than milk fat. Four samples of Channel Islands milk were below the minimum standard of 4% milk fat. Three samples of milk were found to contain a small proportion of added water and one sample of school milk ($^1/_3$ pint) was found to contain a garden slug which had been subjected to a heating process. Legal proceedings were taken against the suppliers in this case. On conviction the Company was fined £10 with £7 7s. 0d. costs. In all other cases the suppliers or producers were notified or cautioned.

During the year 105 samples of milk were tested for the presence of antibiotics and all were found to be satisfactory.

Sausages

All 51 samples of sausages were found to conform to the prescribed standard for meat content which came into force on 31st May, 1969, of 65 per cent for pork and 50 per cent for beef sausages respectively. Two of these samples were, however, irregular in that the presence of a permitted preservative (sulphur dioxide) was not declared. The sellers in both cases were cautioned and the required notices are now displayed.

False or misleading labels

A sample of "Chopped Ham" was found to contain 50% meat. With this meat content the article should have been described as "chopped ham loaf". The retailer was cautioned and has now applied the correct description to this product.

After notification, the manufacturers of a complete mix for making Cornish pasties corrected and re-designed the packaging of the article.

The labelling of chocolate flavoured yogurt (low fat) was considered misleading, particularly to those persons on a strict diet, as the addition of chocolate brought the fat content up to approximately that of a normal yogurt. The Dairy company has undertaken to correct the labelling of this product.

Complaints by the Public

Ten complaints in all were received from private purchasers and a retailer who were aggrieved at finding some unexpected substance or foreign body in food purchased by them or having an undesirable flavour or taste. Thorough investigation was made and in each case the evidence available was not strong enough to justify legal proceedings. Explanations from the manufacturers were sought and considered, and in most cases a caution was issued to the offending company or individual.

The articles of food complained of consisted of bread found with jute fibres adhering to the bottom crust, a slice of bread containing stale dough discoloured by mineral oil lubricant containing iron, another sample contained dough discoloured by iron and containing jute fibres. The fourth sample of bread consisted of slices affected by mould growth and in this case the complainant was advised on the use of more suitable storage conditions.

Chocolate candy cigarettes tasted objectionable, because the fat content was rancid through long storage. A veal, ham and egg pie contained a small piece of animal skin with black bristles derived from the meat used in the pie. Potatoes with an earthy taste when cooked were objected to. The purchaser of Shell cakes was surprised by their strange taste. These had been inadvertently flavoured with rum flavoured essence. A retailer noticed white grains of sugar mixed in with raw Barbados sugar he had been supplied with for retail sale. Set against the millions of articles sold without complaint in the County this must be considered a remarkably good record.

Other Irregular Samples

Legal proceedings were instituted against the manufacturers of a sample of Cornish Pasties found to be 32% deficient of the prescribed minimum meat content for such an article of food. On conviction the company was fined £15 with £10 costs.

A sample of flour was found to be deficient in chalk. The millers claimed this to be an isolated incident and further samples will be taken to check their claim. An informal sample of margarine was found to contain a slight excess of water. A formal sample will be taken.

The meat content of various cooked meat products is under review and at the time of reporting, samples of Chopped Ham, Irish Stew and Virginia Miniham are regarded as being deficient in this respect by varying amounts. No standards exist for the meat content of these products and negotiations are taking place nationally in some instances.

Three irregular samples of drugs were of anti-rheumatic cream made on a small scale by a Herbalist for his customers. All three samples contained excesses of cadmium iodine and potassium iodide largely due to the use of a teaspoon instead of a weighing instrument for measuring the ingredients. This practice has now been discontinued.

REFUSE DISPOSAL

At the beginning of the year consents were in force in respect of 44 refuse tips granted under the provisions of Section 94 of the Surrey County Council Act, 1931, or under Section 222 of the Middlesex County Council Act, 1944.

Eight applications for new consents were received during the year and all were granted subject to conditions which secure adequate control of tipping operations. The conditions imposed, although generally uniform in nature, are varied to suit each particular location and type of operation.

Two tips were completed leaving a total of 50 tips in operation, and subject to consents, at the close of the year.

Close liaison is maintained with the District Councils in whose areas the tips are situated and the approval of both authorities is necessary for these tipping operations. The tips are regularly inspected by the officers of both the County and District authorities and a reasonable standard of control is achieved. With operations of this nature untoward incidents seem bound to occur but the operators usually respond quickly to remedy matters brought to their attention. The changing nature of refuse and the continued increase in the character and bulk of modern packaging materials, has brought problems of control in covering operations on tips. Tip operators, including local authorities,

will have to accept that extra expense needs to be incurred if proper control of these sites is to be maintained. It was not found necessary to cancel any consent, or to institute proceedings in any case.

No consent is necessary under the provisions of the Surrey County Council Act, 1931, where the refuse being tipped on a site comes only from within the boundaries of the local district authority.

Increasing attention is being paid to the problems which arise from the extraction of minerals from the ground, e.g., sand, gravel, lime, fullers earth, etc., and the subsequent filling in and reclamation of the unsightly pits and workings created thereby. Fleets of heavy lorries using inadequate rural roads carrying refuse to the pits and minerals away from the pits, to the building sites, create considerable problems and risk to amenity and public health. These are considered in the early stages of the grant of Planning Consent for any particular site but there is also a continual review of the position in the various sections of the County which are particularly affected by these operations.

Many questions arise before consent can be granted for the tipping of refuse, especially in the case of household refuse or commercial and industrial waste. Other statutory bodies, the Planning Department, the Highways and Bridges Department, the County District Council, water supply undertaking and the Thames Conservancy are all consulted and any problems, particularly of possible pollution of underground water supplies, are investigated.

All public water supplies in Surrey are derived from underground sources. In the sand and gravel areas these minerals provide adequate natural filtration processes against the risk of bacteriological pollution. They do not however counteract the inorganic chemicals which may be washed out of the refuse tips by the flow of underground water. The very porous nature of the sub strata in certain areas allows underground water to travel considerable distances, albeit usually very slowly, and pollution of a chemical nature is therefore difficult to trace, and many years may elapse before trouble manifests itself. Constant vigilance is therefore necessary to prevent or control the dumping of chemical wastes. As mentioned above full co-operation is maintained with the County Planning Department in that Department's efforts to assist local authorities and commercial interests to secure safe and suitable sites for refuse tipping. The economics of refuse disposal are such that incineration, which, from a public health point of view, has considerable advantages, is still far too expensive to be adopted otherwise than by a consortium of local authorities, comprising a total population of 100,000 or more, operating jointly an Incinerator conveniently situated for access from all parts of the area served.

CHAPTER TWELVE - MISCELLANEOUS

PRIVATE NURSING HOMES

The County Council is the registering authority for all private nursing homes under the Public Health Act, 1936, and the Nursing Homes Act, 1963. Only one county district, namely, the Borough of Guildford, has retained delegated powers under the acts. Thirty seven homes were registered by the County at the end of 1969, four of which were newly registered during the year. Between them they provided a total of one thousand and fifty beds.

The majority of homes provide beds for the elderly and chronic sick. Only three provide maternity beds, eleven in number. Two of these three are registered under the Abortions Act, 1967, for two beds each, but the total number of abortions carried out during the year did not reach double figures. Three homes are equipped with operating theatres and undertake surgery; one is registered for the purpose of rehabilitation of the disabled; one is a holiday home for disabled; two are mother and baby homes.

The registration and inspection of nursing homes is an important part of the work of the department. The supervision of approximately a thousand beds for the elderly is not a task which can be undertaken lightly, and inspections are normally carried out three times in the year. While the regulations formulated under the Nursing Homes Act lay down general matters on which homes must satisfy the registering authority, they do not lay down actual standards to be maintained. There are therefore differing standards to be found in the homes, and these often reflect the fees charged.

Generally rising costs in services, supplies and salaries have inevitably led to increases of fees, creating difficulty for elderly persons living on fixed incomes or on capital. It is essential therefore when setting standards not only to ensure an acceptable standard to care and comfort but also to weigh the demands made against the sources available.

The major problem encountered is the provision of nursing staff. The restricted sphere of activities involved in nursing the elderly and often senile patient in relatively small establishments is not attractive to many qualified nurses, yet it is important that elderly patients receive good nursing care and the rehabilitation side of the work be not forgotten. Many homes now find themselves relying to a far greater extent on part-time Registered Nurses, or on nurses supplied from agencies, acting in a supervisory role to State Enrolled Nurses and nursing auxiliaries. Frequent changes of staff constitute a problem, replacements often being difficult to obtain.

In spite of difficulties encountered, however, the overall standard of the homes in the County remains satisfactory and in many cases is high.

MEDICAL EXAMINATIONS

Staff

The medical supervision of all the Council's staff provided by the Health and Welfare Department covers:—

(i) The scrutiny of the medical history sheets completed by all successful applicants to officer posts and servants who are outside superannuable age, together with any follow-up or medical examination deemed necessary (including X-ray reports and special tests such as vision and mantoux where required).

(ii) Medical examination of all servants of superannuable age to determine their fitness for duty and eligibility for inclusion in the superannuation scheme.

(iii) Medical examination of teachers appointed to Surrey schools and candidates for Teacher Training Colleges.

(iv) Annual medical examination for ambulance driver/attendants upon their reaching 60 years of age.

(v) Follow-up for cause and anticipated date of return to duty of personnel who have been absent from duty due to sickness for a long period.

(vi) Medical examination of staff who are due to retire on pension and who wish to provide an annuity for their wives in the event of their pre-decease; those requiring medical examination under the firemen's pension scheme and those who may not be fit for further duty by reason of permanent ill-health.

(vii) Medical examination of staff for other local authorities by mutual agreement on a reciprocal basis.

(viii) Tri-annual re-X-ray examination of staff who work in contact with children.

The total medical reports and medical history sheets relating to staff received in the Department during the year numbered 3,507.

Medical Arrangements for Long-Stay Immigrants

At the beginning of 1965 the Ministry of Health notified the Council of the following steps to be taken to deal with the rather special problems which arise in connection with the health and treatment of longstay immigrants to this country:—

At ports of arrival long-stay immigrants, both Commonwealth and Alien, who are referred to medical inspectors are given a hand-out printed card in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence so that (if he thinks it desirable) he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.

Long-stay immigrants who are referred to medical inspectors at the ports are also asked to provide their destination addresses and these are sent to the Medical Officer of Health of the county or county borough concerned, with a request that he attempts to persuade the immigrants to act on the advice they have been given in the hand-out. Copies of the hand-out are also required to be held by Medical Officers of Health and local officers of the Ministry of Social Security, in case they come into contact with immigrants who have not received one or apparently lost it.

These procedures are to help ensure that long-stay immigrants register with general practitioners at an early stage of their life in this country and do not wait until they fall ill. It also helps to make sure that those for whom it is appropriate, have an X-ray at an early stage.

The following table shows the number of advice notes received during the year from ports and airports relating to the arrival of immigrants into the County together with the number of first successful visits paid.

COUNTRY where passport was issued (as stated by Port Health Authority).	Number of advice notes* received during the year from ports and airports relating to arrival of immigrants.	Number of first† successful visits paid to immigrants. during the year.
Commonwealth Countries:—		
Caribbean	134 (67)	103 (34)
India	40 (43)	29 (21)
Pakistan	97 (76)	62 (34)
Other Asian	54 (92)	26 (48)
African	48 (82)	23 (44)
Other	104 (89)	71 (31)
Non-Commonwealth Countries:—		
European	398 (416)	315 (205)
Other	89 (58)	56 (16)
Total	964 (923)	685 (433)

* Advice of arrival of immigrant.

† First successful visit means the first time the Council's Health Visitor established contact with the immigrant.

The figures in brackets relate to the year 1967.

PORT HEALTH UNIT GATWICK AIRPORT

The unit is situated at the south end of the Immigration Lounge and consists of a general office, doctor's office, vaccination room, two inspection rooms, consulting room and staff room.

Gatwick is regularly served by planes from airports in Europe, North Africa, North America, Canada, the middle East, Central Africa and South America.

Health Control is carried out under the Aliens Order, 1953, the Commonwealth Immigration Act, 1962, and the Ships and Aircraft Regulations, 1966.

During the period 1st January to 31st December 1969, there were 43982 aircraft arrivals and 43985 departures — an increase of 6335 and 6298 respectively over 1968. These flights involved 3037467 passengers in 1969 — an increase of approximately 30 per cent. During this period the unit examined 4123 Commonwealth immigrants. Of these 23 were classified as likely to require major medical treatment.

166 aliens were examined and of these 65 were classified as requiring medical treatment. 653 smallpox vaccinations were carried out and first aid treatment was given to 363 persons during the year.

The Port Health Staff consists of two Medical Officers with 9 part time practitioners operating a duty rota, 5 S.R.N.'s, 2 S.E.N.'s and 2 Clerk Receptionists.

REPORTS FROM THE DIVISIONS

The following items of interest have been reported from Divisions and Delegated Areas:

North Western Division

Dr. C. A. McPherson, Medical Officer of Health for Frimley and Camberley U.D.

Rabies in Camberley

A small mongrel terrier which had been brought from Germany was returned home on 4th October after six months quarantine. The dog behaved normally for about a week. It then developed symptoms suggestive of Rabies and on the morning of 14th October was missing from its home for about three-quarters of an hour during which time it attacked and killed a cat, bit the milkman's shoe and the wife of its owner. It was then caught and removed to kennels where it died on 18th October and infection with rabies was confirmed by the fluorescent antibody test. Nine cases of rabies are known to have occurred between January and April in the area of Germany where the dog had been living.

Rabies vaccination was in fact commenced and given to all family contacts of the rabid dog as from the day before it died. It had, however, made many contacts with the children of adjoining Army families and it was very natural, therefore, that there was a considerable demand for vaccine from parents on behalf of their children who might possibly have been in contact with the animal.

It is, of course, difficult to know what constitutes an abraded skin in a group of children whose ages vary from 2–6 years. In all, therefore, some 50 persons were vaccinated, mainly children, the majority belonging to Army families. The injections were given daily subcutaneously for 14 days and the Duck Embryo Dried Killed Virus Vaccine was employed. On the whole reactions were few but those seen were most marked in adults and evidenced by local reactions and in a few cases there was some involvement of the associated lymph glands. Reinforcing injections were subsequently given to close family contacts of the dog.

An attempt to estimate the efficacy of the vaccine has been made by antibody reactions and in the case of 9 adults in periods ranging from 7 days after the first injection was given at intervals of 3 and more weeks following the completion of the course. The results have shown that in the case of the one adult in which there was a known bite, a very satisfactory response was obtained during the course of vaccination. This was no doubt due to the fact that the patient had received the Semple Brain Tissue Vaccine abroad three years previously. Other antibody findings were variable, but in the majority of cases a response was shown after the conclusion of the full course of injections.

The Ministry of Agriculture under the Rabies Order of 1938 as from 22nd October served Detention Orders on the owners of dogs within a given radius from the house of the rabid dog and this involved eventually approximately 170 households. This Order was extended in December from a period of 6 months to 8 months. It was known that about 7 dogs especially were probably more likely to have made contact with the rabid animal and subsequently these were removed to quarantine kennels. Since October, therefore, we have of necessity pursued the need for enquiry into all animal bites and approximately 100 incidents have been investigated. In this we have in the first place received helpful information from Hospitals, General Practitioners and the public. The Police have where necessary attempted to identify the animal in question and the Divisional Veterinary Officer has arranged supervision of the animal, usually a dog, for a period of about 10 days. Several instances of ill health or death in animals has fortunately in all cases excluded the possibility of Rabies by postmortem examination.

As was expected the incident as a whole received a considerable amount of local and national publicity. Many if not most of the questions which presented themselves required a combination of medical and veterinary evaluation before the answer could be given. In this respect we would wish to record the helpful co-operation at all times of the Divisional Veterinary Officer and his Staff, the Sandhurst Army Medical authorities and Dr. Macrae of the Central Public Health Laboratory, Colindale, for his prompt supply of vaccine and his information and virological assessment.

Municipal Borough of Epsom and Ewell

Dr. J. Sheerboom, Medical Officer of Health.

"Well-Men" Clinics

Arising out of the main "Screening Week" in September 1967 has developed the now well-established "Well-Women" Clinics, basically for the investigation of Cervical Cancer but also providing a much fuller examination. It was felt, however, that since there were now Infant Welfare Clinics, the School Health Service, Adolescent Advice Centres, "Well-Women" Clinics and Geriatric Clinics, that the only large group of the population not receiving any general advice, were males aged 45 to 65. With the increase in coronary heart disease, chronic chest diseases including lung cancer, obesity, amongst others, and the fact that this particular age group are probably the most productive for the country as a whole, and whose wives and families depend upon them financially, it was felt that some type of Clinic should be offered.

After a great deal of thought and discussion, and in view of the limited staff, time, space and especially money available, it was decided to run the Clinic basically as one for Health Education with some simple screening procedures as well.

The Clinic, held in the early evening on alternate Tuesdays, commenced on October 21st, being staffed by two health visitors, a physiotherapist and a clerk. Ten men are seen at each session by appointment only. All attending spend some time in the waiting hall where there are many books, pamphlets, etc. on health topics and a perpetual film on the cassette projector.

The health visitor then takes a medical and social history with stress on physical recreations and hobbies, types of holiday, smoking, exercise, sleep, type of work, etc. Tests are carried out for haemoglobin, urine, blood pressure, vision, height and weight, and it is hoped that Audiometry will also be added. The health visitor discusses various health topics with each person, with particular reference to any subject that she feels is applicable in each case. He is finally seen by the physiotherapist, who advises on any everyday problem that might be worrying him and also instructs him regarding correct posture and breathing, etc.

The Clinic appears so far to be well appreciated but it is too early to say whether it is in fact serving any useful purpose. By the end of the year, 45 men had attended and there is a small waiting list.

Esher Urban District

Dr. E. Pereira, Medical Officer of Health.

Register of Elderly Persons

Following the floods of September 1968 a register of frail, elderly and physically handicapped persons was compiled. As a start the register was confined to people living in the area liable to flooding – the Moleseys and the Dittons – but even so the number of such persons exceeded 350. The problem then was (i) how to keep the register up-to-date and (ii) what use to make of it.

It was felt that many of those on the register would require assistance and comfort in the event of a flood threat and before the arrival of the water. As no other organisation existed to undertake these duties, the entire staff of the Health and Welfare Department was divided into groups, each with a leader, and each group was made responsible for 'at risk' persons in specific streets. The job was far too large for the staff available, but priority would have been given to those in greatest need.

During 1969 local Residents' Associations and other appropriate voluntary bodies were approached and asked to set up "Good Neighbour Schemes". The response in the Thames Ditton area was excellent, and a properly co-ordinated and adequate voluntary organisation now exists which would cover all needs in case of emergency. The volunteers have visited those for whom they have been made responsible and have undertaken to maintain contact with them from time to time. They notify this office if there is any deterioration in the old person's condition so that a visit can then be made by a Social Worker. They also notify this office of any moves into and out of the district, and so do much to keep the register up-to-date.

Unfortunately the same enthusiasm was not found in the Molesey area, and no voluntary scheme has been started, or seems likely to start.

Such a register could be of considerable value and give greater social supervision to those who may come to need the help of the domiciliary services.

Efforts will continue to be made, but it seems that without the goodwill and enthusiasm of local residents, the scheme will not work. Again, even if initially a voluntary organisation can be formed, there are likely to be great difficulties in endeavouring to maintain interest.

South Western Division

1. Dr. A. H. M. Richards, Deputy Divisional Medical Officer.

Incidence of Plantar warts in Secondary Schools

The subject of plantar warts in school children continues to arouse interest in various parts of the country.

Since May, 1968, the results of three comprehensive surveys have been published in The Medical Officer, viz –

17.5.68 Allen W. H. and Dickinson V. A. Hertfordshire.

6.6.69 Holman C. E. Ealing.

6.6.69 Tranter, A. W. Lewisham.

The evidence produced in these reports incriminates swimming but not barefoot P.E.

However, reference is made in Hollman's report to the letter that Lyell V. A. wrote to the Lancet in 1955 (Lancet, ii 349). He found ten cases out of 1,845 children performing barefoot activity compared to one case out of 1,789 children wearing shoes in Cambridge schools.

With the encouragement of Dr. O. L. S. Scott, Consultant Dermatologist at St. Luke's Hospital, Guildford, a survey of the incidence of plantar warts among the children attending Secondary Schools in the South West Division was carried out during the period September, 1965 to September, 1966 and repeated during the year September, 1967 to September, 1968. In each survey an increase of plantar warts was found in the schools where shoes were *not* worn for P.E.

At the time of the first survey the schools were equally divided; 13 had adopted barefoot P.E. and 13 still wore shoes.

At the second survey 11 schools favoured barefoot P.E. and 14 favoured shoes.

Two schools had changed their policy and one school had ceased to be a Secondary School.

All the children attending the routine medical inspections at the ages of 11 and 15 were examined for plantar warts and the Medical Officers were asked to answer the question "Has this child Plantar Warts? – 'Yes or No'".

In the first survey 3,334 children were examined and Table I shows that the incidence of plantar warts where barefoot P.E. took place was 4.5% as opposed to 2.7% where shoes were worn.

Extract from Table I (1965-66) overleaf

			Total number examined	Total warts	
A.	Shoes worn	Boys	856	19	
		Girls	607	21	
			1,463	40	2.7%
B.	Barefoot	Boys	887	38	
		Girls	984	46	
			1,871	84	4.5%

In the second survey 5,167 children were examined and the figures in Table II show that the incidence where barefoot P.E. took place was 3.66% as opposed to 2.22% where shoes were worn.

Extract from Table II (1967-68) overleaf

			Total number examined	Total warts	
A.	Shoes worn	Boys	1,471	36	
		Girls	1,185	33	
			2,656	69	2.22%
B.	Barefoot	Boys	1,007	25	
		Girls	1,504	67	
			2,511	92	3.66%

I find it difficult to escape the conclusion that barefoot P.E. is a factor in the spread of plantar warts.

As C. E. Holman says in her report, swimming baths are usually blamed by the general public as the place where plantar wart infection is picked up. However, she doubts whether they provide the main source of infection.

The amount of swimming taking place in the two groups of schools is nearly the same, but the proportion is slightly lower in the barefoot group.

In the group where shoes are worn for P.E. 11 schools go swimming and 3 do not. In the barefoot group 8 schools go swimming and 3 do not.

The difference between the two groups as regards swimming is much less than the difference between them as regards barefoot P.E.

All the schools in both groups have showers and only one school in each group has duckboards, though for most of the survey two schools in the barefoot group had them. See Table III.

It is appreciated that in the opinion of the County Physical Education Inspector and Advisers, barefoot work is preferable from the point of view of safety and also that it is held to produce ultimate benefit to the feet.

The view that it is beneficial to the feet is not generally held by Orthopaedic Surgeons and is certainly not held by Dermatologists.

However, plantar warts can be distinctly painful and may well last a long time. Furthermore, they are difficult to treat.

Without the help of the Assistant Medical Officers, Health Visitors, School Nurses and the office staff of the South-Western Division, this survey would not have been possible.

TABLES I and II – INCIDENCE OF PLANTAR WARTS IN SECONDARY SCHOOLS – SOUTH WESTERN DIVISION

	Age Group 11 years			Age Group 15 years			Total Boys			Total Girls		
	No. examined	No. with warts	%	No. examined	No. with warts	%	No. examined	No. with warts	%	No. examined	No. with warts	%
A. Schools where shoes are worn for P.E.												
1965 – 1966	804	32	3.98	649	8	1.23	856	19	2.10	607	21	3.44
1967 – 1968	1,338	43	3.21	1,318	26	1.97	1,471	36	2.44	1,185	33	2.7
B. Schools where shoes are *not* worn for P.E. until a child has something wrong or prefers to wear shoes.												
1965 – 1966	967	45	4.65	904	39	4.31	887	38	4.28	984	46	4.67
1967 – 1968	1,291	45	3.48	1,220	47	3.85	1,007	25	2.48	1,504	67	4.45

TABLE III – 1967 – 1968

No. of Schools	Schools without own swimming pool	Schools with own swimming pool	Schools not using public swimming baths	Schools using public swimming baths	Schools using local private swimming pools	Schools not using Duckboards	Schools using Duckboards
A. Schools where shoes are worn for P.E.							
14	12	2	5	7	2	13	1
B. Schools where shoes are *not* worn for P.E. until a child has something wrong or prefers to wear shoes.							
11	9	2	5	5	1	9	2

2. Dr. P. Beynon, Deputy Divisional Medical Officer.

The "AT RISK" Register – South Western Surrey

Much has been written about the value – or otherwise – of keeping an "At Risk" register.

In the early stages it was undoubtedly of value as it aroused Medical Officers, G.P.'s, Health Visitors and in fact all those working with children to the need for a developmental examination of babies "at risk".

However, it has been found that there are large numbers of children who develop handicaps in spite of having had no reason to be on the "At Risk" register at birth.

Now that all concerned are fully aware that, in fact, *every* baby needs to be carefully examined, an "at risk" register as we know it is not of such importance as it was formerly. An observation register is probably of more value now. Health Visitors have always brought to the notice of the doctor at the clinic, those children who, although not originally at risk were giving rise to concern for some reason or another, be it regarding mental development or physical development.

In the South-Western Division of Surrey the list of "at risk" factors first devised is used.

Health Visitors return cards in the first month of life after birth, with the baby's name, address and At Risk category, and on this same card they indicate whether the baby

(1) is being seen by a paediatrician

(2) is being seen by the G.P.

(3) should be seen at the clinic

(4) needs no further special follow up.

If in the first category the name of the Consultant and the Hospital is given. When the child is being seen by the Paediatrician at the local hospital then he is seen simultaneously by the Consultant Paediatrician and myself, as I participate in the clinic at St. Luke's Hospital.

If the hospital is outside our area, reports are sent for at regular intervals.

When a baby is being followed up by the G.P., the Health Visitor attached to the G.P. sends in reports periodically. Those babies in category 3 are seen at their nearest clinic by the clinic doctor, again, at regular intervals.

To sum up – all babies notified as being "at risk" and needing supervision are seen regularly in one of three ways – at a hospital by the Paediatrician, at a clinic by an Assistant Medical Officer or by their G.P. at his surgery; and the names of these babies are put on the Observation Register. With such a system the danger of overlapping and the danger of several people being asked for a report on the same baby is eliminated.

3. Dr. M. R. Dockray, Medical Officer in Department.

Survey of Potential Diabetics

This was started at St. Luke's Hospital, Guildford, in October, 1968, in Dr. McMillan's diabetic out-patients, in conjunction with Dr. Finn, Divisional Medical Officer and the staff of the South-Western Division. Initially, all local G.P.'s were notified and the Health Visitors given a short talk by the Surrey County Council Medical Officer who visits St. Luke's for one session per week.

The aim is to find those members of the community who are most liable to develop diabetes. They fall into the following groups:–

(1) A person with one diabetic parent, whose non-diabetic parent has, or had, either a diabetic parent, a diabetic sibling or a sibling having a diabetic child.

(2) A person with both parents diabetic.

(3) A woman who has given birth to a child weighing 10lbs. or over.

(4) A mother of a stillborn child with pancreatic islet hypertrophy not attributable to rhesus incompatibility.

(5) A woman having an unexplained stillbirth who has a first degree relative with diabetes.

(6) A woman who has ten or more pregnancies carried to 28 weeks.

(7) A person with the skin lesions of necrobiosis lipoidica.

(8) Identical twins.

The total number of patients seen is twenty, of those, two are Category (1) and the rest are Category (3).

Group (1) All new patients attending the diabetic clinic are circularised by the Medical Officer to find any family history of diabetes. So far, only three families have been found and the members of two families followed up. Unfortunately the two members of the other family live too far away.

Group (3) So far in this group, there are 18 patients, the majority delivered at St. Luke's. The Health Visitors have been sending in their names, after talking to them and getting their co-operation. Of these 18, one has moved away, one is ill, one refuses to co-operate, and 9 will have been seen about 4 months after delivery. The rest have been delivered too recently.

Each patient has been seen, weighed, referred to the dietician if necessary, and had a standard glucose tolerance curve done. Of these patients, one has a low renal threshold and therefore abnormal glucose tolerance count, and another is a candidate for diabetes, as she is older and overweight. The rest are normal. They are seen every 4–6 months depending on circumstances.

The main difficulty is to get the patients to attend regularly. Obviously they are busy and feel well and can see no point in attending for many years for something that may not happen.

Dr. McMillan and the Divisional Medical Officer feel this work is worth while going on with despite the slow progress and it could perhaps have other aspects added to it. The Divisional Medical Officer is most grateful for the help received by the Medical Officer from Dr. McMillan from the Health Visitors, and from the St. Luke's out-patients medical records and maternity staff.

The Medical Officer who has been carrying out this survey has now left, but it is hoped that her successor will continue the survey when she takes up her appointment.

CHAPTER THIRTEEN – THE SCHOOL HEALTH SERVICE and Statistical Tables

SCHOOLS AND SCHOOL POPULATION

The following County Schools are served by the School Health Service in Surrey:–

		No. of Establishments
Primary Education		
	Nursery Schools	6
	Primary Schools	358
Secondary Education		
	Bilateral Schools	71
	Grammar Schools	21
	Boarding Schools	1
Special Schools		
	Day Schools and Units	8
	Residential Schools	8
	Hospital Schools	3
	Hostel	1

At the end of 1969 the number of children on School Rolls was 143,753. (This is the actual number as at January, 1970.) This compares with 139,257 children as at January, 1969.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspection

Routine inspection of school children continued during the year on the same pattern as in previous years, namely at 5 years, at 8 years, 11 years and in the year when age 15 is reached. The results of these inspections are summarised in Tables A, B and C. They do not differ significantly from previous years. The general condition of the children remains very satisfactory, only 173 out of the 51,279 examined being considered by the School Medical Officers to be of unsatisfactory physical condition.

Further analysis of the statistics resulting from routine medical inspection shows that 16.3 per cent of children were found to require treatment in some form. Figures for previous years have been as follows:–

1965	16.8 per cent
1966	16.5 per cent
1967	17.3 per cent
1968	16.6 per cent

These figures are relatively low. Of the 16.3 per cent of children with defects requiring treatment in 1969, no less than 7.8 per cent, or nearly half, were visual which can be picked up by routine vision testing without full medical inspection. Furthermore, the statistics do not discriminate between newly discovered defects and those already under treatment, and many of the remaining 8.5 per cent in which defects were discovered will have been in this latter group.

Routine medical inspection of school children is therefore not only time consuming but also quantitatively less productive of positive results than in days gone by. It is for this reason that the alternative method of selective inspection of children in the intermediate years is now often preferred. This system provides for a full examination of children on entry to school, but thereafter they are only examined according to need. Evidence of this is provided by knowledge obtained at the original examination or by information subsequently obtained from the school, the parents, the health visitor or other agency. This procedure is now well accepted and known to be more satisfactory both to doctors and schools, in that it makes better use of time and concentrates effort on those who require it. It is conducive of a closer working partnership between schools and medical officers and is therefore in line with the present day concept of the school health service which is to ensure that children benefit fully from their education, not failing to do so on account of physical or mental ill health.

A report on these lines was therefore submitted to the Education Committee during 1969 and their agreement obtained to a trial of the selective inspection method being prepared in part of the County. A working party was set up within the department to plan the approach, and trials began in the Esher and Dorking areas in January, 1970. It is essential when converting to this system that effective pilot schemes be carried out as the administrative problems involved in the changeover of method need close practical study.

Special Inspections and Re-examinations

Although the selective system of inspection described above makes free use of medical officers' time and encourages the putting forward of children as necessary at any time in their school career, that is not to say that this is not already done to a certain extent under the present system. Table B shows that 4,811 children were seen at special request during 1969, and the details of the defects found are given in Table D. 34.4% of these children required treatment.

Apart from special inspections, a number of children with defects requiring observation are followed up at intervals varying according to their individual requirements. A total of 6,827 such re-examinations was carried out during the year.

Eye Diseases, Defective Vision and Squint

An improved form of vision testing by means of a self-contained portable vision screener was used on a trial basis in the South Eastern Division of the County during the year. The machine was mainly used to test the vision of 13 year old pupils in Secondary Schools. Although in the past a number of School Nurses have been using the machine for this purpose, there is now only one visiting all the Secondary Schools in the Division. The main advantage of using the machine as distinct from the test card is that it avoids all the difficulties of having to obtain the necessary distance between the test card and the child, and there is no difficulty in the matter of lighting. It would be quicker to use if a plain vision test only were undertaken, however colour vision and near vision were also tested in the trial. The machine was also used to test the vision of pupils at a Special School for the Educationally Sub-normal, and at Infant Schools. The Health Visitors undertaking these tests found it quicker and more efficient than the usual test card.

Throughout the remainder of the County routine methods of vision testing were carried out at the time of routine medical inspections and also at 13 years. Children with visual defects are followed up regularly by School Medical Officers as re-examinations and 1,222 children were seen as special cases. 8,326 children were referred to Eye Clinics (Table E (a)).

Defects of the Nose and Throat

This group continues to provide one of the largest individual groups of defects referred for treatment from routine medical inspections. 858 cases were referred during 1969. A further 48 cases were referred from among children specially examined. The majority of these children were in the younger age groups (Table E (b)).

Defects of the Ears including Hearing

The number of children requiring treatment of otitis media in 1969 fell slightly to 105 as opposed to 138 in 1968. Over the past five years the figure has remained steadily in this region, indicating the need for continued watchfulness and careful treatment of this complaint which, when inadequately treated still constitutes a cause of defective hearing in school children.

254 children were considered to need treatment on account of defective hearing at routine inspection and a further 75 at special inspection. The majority of these were younger children whose hearing defect was associated with nose and throat conditions requiring treatment. Table G gives the result of audiometric testing of children, which is carried out as a routine on children of six years of age and as necessary at other times.

Personal Hygiene

Health visitors inspected a total of 31,014 individual pupils for verminous conditions during the year, and 332 were found to be infested. These children mainly represent the hard core from unsatisfactory home backgrounds where infestation of the family is a perennial problem in spite of all efforts made by the health visitors. Inspection in schools is on a selective basis, the combined knowledge of health visitors and the schools themselves formulating the policy for each individual school.

Use of Nursing Staff in School Health Service

The following tables show the work carried out by Health Visitors and part-time school nurses during 1969 compared with the previous year:—

Health Visitors Fixed Appointments in 1969

(Comparative figures for 1968 in brackets)

Preparation for Medical Inspection	Medical Inspection	General Medical Clinic	Hygiene	Teaching Sessions	Other	Total
834 [891]	1,463 [1,463]	201 [277]	198 [178]	517 [430]	519 [531]	3,732 [3,770]

Part-time School Nurses. Sessions worked in 1969

(Comparative figures for 1968 in brackets)

Preparation for Medical Inspection	Medical Inspection	General Medical Clinics	Immunisation	Other	Total
173 [121]	1,581 [1,276]	1,457 [1,362]	1,051 [1,087]	653 [502]	4,915 [4,348]

The number of sessions worked by part-time nurses in 1969 has increased to 4,915 which is the highest figure to date. Health Visitors on the other hand worked slightly fewer sessions than in the previous year although the number of sessions devoted to routine medical inspections remained the same. While it is not economical of the use of health visitors time to use them for purposes not requiring their special skills, the importance of their maintaining liaison with all schools must not be overlooked. In the field of health education and in acting as a link between the school and the community, where health and social problems are involved, they have a vital role to play.

SPECIAL FORMS OF TREATMENT

Audiology

Dr. E. Beet, Senior Medical Officer Audiological Service reports:—

"Audiology clinics continue to be well attended throughout the County. Whenever possible a teacher of the deaf, an audiometrician and myself are at these clinics but on occasions the audiometricians hold clinics on their own for school children. Children from these are referred to a combined clinic at the audiometrician's discretion, when for example they will not accept earphones, have a significant hearing loss, or the parents want medical advice. In general children over the age of five years who attend for the first time are tested by an audiometrician and those under five years by a teacher and myself.

Children who are referred to the clinics can be grouped into the following categories:—

(*a*) Babies who have failed to pass the routine hearing tests carried out by Health Visitors at the age of 9 months.

(*b*) Babies whose mothers have contracted German Measles in the first four months of pregnancy, or those who have had exchange blood transfusions in the first few days of life because of jaundice (usually the result of rhesus incompatibility), are seen at an audiology clinic when they are 4-6 months old. Babies of deaf parents are also seen at this age.

(*c*) If the parents are in any way concerned about the hearing of their babies, or indeed of their children of any age, they will be seen by us. It is not unusual to see babies of 1-2 months for this reason.

(*d*) Children who are late talkers or whose speech is unclear. These children are usually between 18 months and 3 years of age when first seen.

(*e*) Children older than those in (*d*) who have been referred to a speech therapist have their hearing tested as a routine. Unfortunately parents often fail appointments as they do not see the necessity of hearing tests on children with speech defects who *apparently* hear well. The point here, as with (*d*) is to make sure that these children can hear all the vowels and consonants, and their combinations, in speech. Children may have very defective or no hearing for the consonants "s" "t" "k" and the combinations "sh" "th" and "ch" and yet appear to hear well at home and understand what is said to them.

(*f*) Children who fail the routine pure tone audiometric test carried out by the audiometricians on children between 6-7 years old at County Primary Schools and some private schools who request the service. If a child obviously has a serious hearing loss or if the audiometrician is not satisfied by the accuracy of the results obtained, he can ask for the child to be seen at an audiology clinic. However, most children who fail these tests are seen by the school medical officer in the first instance who decides whether referral to one of our clinics is necessary. Audiometric testing of children throughout the County is up to date, but unfortunately routine testing of school children has been help up in the North Western Division owing to the resignation of the audiometrician for that area and delay in obtaining a replacement.

Children in the above groups are referred to us by, among others, General Practitioners, Departmental Medical Officers, Psychiatrists and Paediatricians. However, many referrals are made informally by Health Visitors, Speech Therapists, Teachers and other people concerned with children. Clerical staff at Ashford, Woking, Guildford, Esher, Epsom and Redhill arrange the appointments at the audiology clinics in their areas and are easy to contact.

The object of our activities is to detect all children with hearing defects at as early an age as possible. Some of these may be trivial and apart from advising parents of their nature no further action is necessary. Others have a loss which is of educational significance, and require supervision over a long period to ensure that they benefit fully from their education. Still others have a serious deafness which may require referral to an E.N.T. Surgeon if it is thought that it may be improved by surgery. If there is no possibility of this, the supply of an appropriate hearing aid, training by a teacher of the deaf and admission to a special school or unit may be indicated.

Finally it must be stressed that the audiology service is not only concerned with the detection of hearing-impaired children but also with their continuous supervision throughout their pre-school life, their school life, and in some cases after they have left school. The children themselves and their parents often require a lot of support to cope with a handicap about which the normal hearing public knows very little and as a result exhibits little sympathy."

Tables H and 1 show the work of the Audiological Service during the year.

Speech Therapy

There are three Senior Speech Therapists with area responsibilities and an establishment of 14.7 speech therapists to cover 42 speech clinics and 10 special schools. The three seniors and seven speech therapists are full time and there are eighteen part-time and sessional speech therapists. The service relies to an ever increasing extent on the re-employment of married speech therapists returning to work on a sessional basis when their families begin to grow up.

During the year the Education Committee authorised a County Refresher Course to be held in April, 1970, the previous one having been held in 1968. A start was made in preparing the programme for this course.

Miss M. W. Alston, Senior Speech Therapist reports:—

"This year has largely been an uneventful one except for changes of staff. A number of speech therapists left the County and some new ones joined us. It is noted with regret that Miss Norfolk, one of our three Senior Speech Therapists, retired in the spring of 1969 after twenty years with Surrey. Due to the national shortage of speech therapists there is bound to be a more rapid change over of jobs, with the younger therapists in search of as much experience in different types of employment as possible.

Surrey has always been helpful in encouraging speech therapists to attend refresher courses. It might be of interest to examine the side issues that arise out of this. In January, 1969, one of our Senior Speech Therapists attended a course at Torquay, along with colleagues from other counties. A speech therapist from elsewhere enquired about suitable posts in Surrey and in consequence joined the County shortly afterwards. About this time Miss Norfolk retired from her post as Senior Speech Therapist and our new colleague was successful in succeeding her in the new senior appointment.

Though not the object of attendance at refresher courses, it is worth noting that out of one single County employee attending a course in the South West, Surrey acquired not only a new speech therapist, but a Senior Therapist to boot. How does this compare with the countless, fruitless advertisements in search of new employees?"

The work of the speech therapy service is shown in Table J.

Child Guidance Service

The number of children referred to Child Guidance Clinics during the year was 1,254. This number has risen consistently over the years from 785 in 1965. Child Guidance therefore constitutes one of the most important aspects of the School Health Service. If children are referred without delay as soon as suspicions of emotional disturbance arise efforts can be made to avoid serious maladjustment developing. In this connection work done by the clinics with groups of other workers such as Health Visitors, Teachers, School Welfare Officers and Child Care Officers, can make a notable contribution to the preventive aspect of mental health in the community. Early referral is doubly important as not only can it reduce significantly the disturbance both at home and at school, with associated handicaps in learning, but it also helps to combat the shortage of provision for treatment of disturbed adolescents which creates enormous difficulties when children are referred late in their school career.

The volume, variety and complexity of the work carried out at the clinics is well brought out in the reports received from a number of the Medical Directors, which make interesting reading and which are therefore quoted in full below.

Dr. N. K. Macrae Gibson, Chipstead:—

"I was very interested to hear that in the Annual Report for 1969 you were concentrating on developments and events of interest and that the tables of statistics were to be modified. I have often felt that the tables concerned with Child Guidance did not really give a true picture of what went on in the Clinic.

Particularly in view of some of the possible implications of the Seebohm Report, I think it is very important to emphasis the aspect of treatment in the Clinic.

This year 472 interviews were recorded as "with children for treatment" which really says very little. However, if this is broken down, 6 children were seen for weekly psychotherapy of about one hour's duration, accounting for 163 interviews, while 4 children were seen in one small therapeutic group accounting for a total of 143 interviews, counting one per child; (in other years there have been up to 3 such groups). Thus 306 interviews certainly were treatment.

A further 9 children were seen fortnightly and 7 monthly, accounting for 104 interviews which can possibly be included in the treatment category, although it may be rather dubious but better one should include the monthly interviews. Putting these all together, 410 out of the 472 interviews called treatment seem to have a claim to be this and are related to 26 different children.

A further number of children were seen by Mrs. O'Kelly, Educational Psychologist, for play therapy weekly: 2 regularly throughout the year, accounting for 69 of her interviews, and a further 9 for shorter periods, accounting for a further 113 interviews.

If the staff complement was complete, a psychotherapist would further increase the individual treatment provided, and in spite of the above figures there is a great need for this.

The variety of treatment provided is further emphasised by the fact that in two families it was found most appropriate to see two siblings together regularly; in one case, two brothers, and in another, a brother and sister.

Variety was also present in the way my Psychiatric Social Workers, Mrs. Henley and Mrs. Simcocks, have worked, for apart from their routine regular interviews with parents of children in treatment with me or Mrs. O'Kelly, they have run a weekly group of mothers at the clinic. They have also seen two couples whose children were the presenting problem, but where it was found that the basic problem was the parents' marital difficulties; here, they have seen the parents jointly or individually working as a foursome. Additionally, Mrs. Henley has been running a group of mothers at Caterham for some years, whose children attend the remedial centre. She has also supervised two student social workers from the Croydon Technical College Child Care Course who have themselves been dealing with the parents of some children seen by me or Mrs. O'Kelly.

Mrs. Bennion, social worker, works closely with Mrs. O'Kelly and sees the parents of children who may not become clinic cases, but remain Mrs. O'Kelly's responsibility in the School Psychological Service. Mrs. Bennion has also, with supervision, started to see some of these parents if their children do become clinic cases.

Consultative work is done in group discussions which take place with health visitors, who share the clinic, and once a term with the local school welfare officers. Another very helpful event is the regular meeting of the whole clinic staff with the Head and other teachers of Warlingham Secondary School, which leads to very good co-operation between the school and clinic over children attending there. So far, it has not been possible to extend this type of meeting to other schools in our district.

It would be most interesting to be able to spend adequate time on a full presentation and follow up of the work of one year, but unfortunately the needs of the next year intervene."

Dr. J. L. Hertzog, Redhill:—

"It may be of interest this year to note the number of school phobic cases that we have seen diagnostically. Of the total of 12 seen, we are pleased to record that through supportive work with both children and parents from psychiatric and in some cases, social worker staff, only one has failed to attend school and one needed hospitalisation. In fact, four cases required transfer of school and are now attending well. It is encouraging to mention our impression that not only with school phobic cases, but with Child Guidance cases generally, earlier referral of disturbed children appears to be taking place. This is probably because of agencies becoming more aware of the services we offer. However, I think we should note a comment by our new psychologist; he has expressed concern at the lack of knowledge of the Child Guidance Service on the part of assistant school teachers, and any relevant awareness of the service we offer is very much dependent upon the knowledge and interest of the respective headteachers. A suggestion is that courses for teachers, sponsored jointly by Health and Welfare and Education Departments are a possible solution, with a synopsis published in the Education Bulletin before or after the course.

Following on our remarks for the year 1968 regarding children excluded from school because of behavioural disturbances, we are heartened to learn that the Education Department are negotiating to develop Sidlow Bridge C.P. School as a day unit for junior maladjusted children. May we make our regular annual plea for very urgent facilities to be made available for the disturbed adolescents for whom a day unit is desperately required, as well as an advisory service which can offer appointments close to the area of adolescent group activities?

It has come to our notice that where schools are not able to offer facilities for psychologists to carry out testing, there might well prove to be a suitable small room available in the local Health Centre. Horley is one clinic which would appear to have adequate facilities, not only for this, but for the extension of the Child Guidance Service in South East Surrey. There are many referrals from this area that involve mothers who find travelling with a young family very difficult. It is known that local feeling would be in favour of such facilities being made available in this area, at least.

Finally, we must record the regular liaison that has been maintained between our clinic and the various local departments, including Children's Department, Education and the Divisional Health Office. We are in touch periodically with the Probation Service and contact with more remote agencies, such as the art therapist at the local mental hospital has also been effected."

Dr. M. J. Shepperd, Hersham:—

During 1969 the Hersham Clinic continued to be an exceedingly busy one, both in regard to the new referrals and also to those children and their parents in need of continuing treatment and support. The cases seen were the usual mixture except that towards the end of the year the "school refusals" were increased by a certain number

directly connected with the changeover to comprehensive education in a part of the district served. Some children of limited emotional and intellectual capacity found themselves confused by the change and unable to cope. Others began their truancy because they found it very much easier to do so, initially, without being discovered.

The need for a Day Maladjusted Unit has become increasingly clear and pressing. Some children will continue to need special schooling in a residential setting but there is a large number who, although in need of special care and skill in small groups, would adequately be served by a Day Unit. In the meantime, some children have to be excluded from their schools and others are contained only at the expense of the staff, the other children and, of course, themselves.

The number of children with specific learning difficulties, particularly in the fields of reading and writing, point to the need for a Remedial Centre. Some of these children become very frustrated by their difficulties and are definitely maladjusted because of them. Earlier help with these problems, in many cases, would prevent this later maladjustment.

Pressure of work leads to many children not getting as much treatment as they really need, but it is hoped that when the new clinic at Chertsey is opened, this will be relieved.

Dr. De. W. Vorster, Staines:—

"We are attempting to involve school principals at meetings of individual problem children in the hope that these conferences will percolate through the schools and act as a preventive measure. We were again reminded at the recent Congress on Maternal Deprivation, of the importance of augmenting rather than supplanting, through the teacher and the school, the parents who have irremedial emotional problems. We hope thereby to bring the resources of the teachers to the aid of parents, particularly for example, as far as school phobias are concerned, integrating the shy child into the school, coping with delinquency and so forth. Our educational psychologists are running seminars as well. Recently we have seen a number of children with acute suicidal school phobic problems. The management of such problems, the shortage of psychiatric hospital beds in children's hospitals, and attempts to arrange group therapy for such children have presented difficulties and will be topics for future investigation."

Dr. C. L. Casimir, Epsom and Leatherhead:—

During the past year, in addition to referrals by school, psychological and medical services and the juvenile courts, an increasing number of mothers have made a direct approach to the clinic. Preventive services have been expanded by fortnightly discussion groups for teachers (November, 1969) and for Health Visitors working in Epsom and Ewell (October, 1969). The teachers' group has been led by Mrs. Carroll, psychotherapist, who has joined me in the discussion group for health visitors. The latter have been able to talk of the families they visit, and more particularly of the common problems of management presented to them by mothers of babies, or more often mothers of babies and under-fives. Group discussion by health visitors of their work with such mothers has increased their own insights. By not immediately referring such problems to the clinic for psychiatric evaluation, they have avoided reinforcing such mothers' feelings of inadequacy in the first place, and gone on to rebuild their confidence in their ability to bring up children successfully. It is hoped that as a result fewer families will need to be referred to the Child Guidance Clinic. Should, however, Health Visitors reveal in group discussion personality disorders in the parents, often with associated marital discord, a psychiatric consultation can then be offered to the family.

When children over five have been referred to the clinic with established emotional disorders, staff members have joined together in seeing the whole family, and usually continued to work with them as a group, though as before selected children and one or both of their parents have been offered individual psychotherapy. Conferences on such children have been attended by their teachers. Where children are due for transfer, e.g., from infant to junior school, both Head Teachers have been invited. Visiting Head Teachers have begun to indicate the numbers of disturbed (disruptive and withdrawn) children in their schools, underlining the urgent need for a day class for maladjusted children in this area.

Clinic, School or Hostel	Professional and clerical staff employed expressed as a proportion of full-time									
	Psychiatrists		Educational Psychologists		Social Workers		Psycho-therapists		Clerical	
(1) Establishment (2) Staff in post at 31.12.69	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
Farnham	0.6	0.4	1.0	1.0	1.0	1.1	0.4	0.6	1.5	1.5
Godalming	0.4	0.2	1.0	1.0	1.0	0.8	0.4	0.4	1.0	1.0
Guildford	0.8	0.8	2.0	1.0	2.0	2.0	1.4	–	2.0	2.0
Chipstead	0.6	0.6	1.0	1.0	1.5	1.8	0.4	–	1.5	1.5
Redhill	0.9	1.0	1.5	1.4	2.0	1.8	0.6	–	1.5	1.5
Epsom	0.5	0.4	1.0	1.0	1.0	1.6	0.4	0.9	1.5	1.4
Leatherhead	0.1	0.2	0.5	0.5	0.5	0.4	0.4	0.5	–	–
Hersham	0.6	0.6	1.0	1.0	1.0	1.1	0.4	0.4	1.5	1.5
Woking	0.6	0.6	2.0	2.0	2.0	0.6	0.5	0.2	2.0	1.9
Staines	0.6	0.6	1.6	1.6	2.0	1.8	0.4	–	1.5	1.7
The Lindens	0.4	0.4	–	–	–	–	–	–	–	–
Thornchace	0.1	0.1	–	–	0.2	0.2	–	–	–	–
Starhurst	0.1	0.2	–	0.1	0.4	0.4	–	–	–	–
Wishmore Cross	0.1	0.1	–	–	0.4	0.4	–	–	–	–
Total equivalent full-time ...	6.4	6.2	12.6	11.6	15.0	14.0	5.3	3.0	14.0	14.0

Although the establishment of psychiatrists was complete at the end of the year the Medical Directors at Farnham and Staines changed during the course of the year and there were the inevitable gaps between one psychiatrist leaving and another one taking up the appointment.

Three newly qualified educational psychologists took up posts during the year, two of whom had been seconded for training by the County. In October the Council gave authority for the appointment of a Senior Educational Psychologist to take effect from 1st January, 1970.

The establishment of social workers is intended to be flexible as far as individual clinics are concerned and overall there have been few difficulties in recruiting replacements when social workers have left the service although it is not always possible to obtain the services of psychiatric social workers.

The recruitment of psychotherapists is most difficult and repeated advertisements have attracted few applicants during 1969.

The work of the Child Guidance Service is shown in Table K.

HANDICAPPED PUPILS

Table L shows the number of Surrey children who were ascertained as handicapped pupils as at 31st December, 1969, and the provision made for their education. Table M shows in detail the provision for handicapped children made by the County Education Committee.

Blind

Three children were newly ascertained as blind during the year. Of the 12 children receiving special education in this category 11 were placed in special schools outside Surrey and one was receiving home tuition.

Partially Sighted

Four new cases were newly ascertained during the year as requiring special education. Eleven out of 45 children so ascertained are receiving extra help under close observation in ordinary schools.

Deaf

The majority of children ascertained as deaf are catered for in special schools provided by the Surrey Education Committee. Three boys were classified as deaf by the Audiological service during 1969. Children with a hearing loss of this degree cannot normally be educated except in special schools. There were 64 such children at the end of the year.

Partially Hearing

These pupils, who require for their education special facilities though not necessarily all the educational methods used for deaf pupils, outnumber the former by more than 2 to 1. However only 54 were in special schools or Units and 81 were being educated in ordinary schools with the help of the peripatetic teachers of the deaf and under close observation by the Audiological Service.

Educationally Sub-Normal

At the end of the year 1,263 children (794 boys and 469 girls) were ascertained as being educationally sub-normal, that is to say pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools. By far the majority of these require admission to special schools and indeed only 59 are placed in ordinary schools where they receive special help under close observation. 182 children were newly ascertained as E.S.N. during 1969.

Purpose built premises at the Park School, Woking and Leacroft School, Staines, are due to open in 1970 and work is due to start on providing purpose built premises at Carwarden House, Camberley.

Epileptic

22 children were attending special schools while a further 13 remained in ordinary schools under close medical supervision. The majority of children who suffer from epilepsy do not require to be ascertained as with present day treatment their condition can be controlled and their disability interferes little with normal school activities.

Maladjusted

In 1969 94 children were ascertained as maladjusted to the extent of requiring special educational treatment. Although Surrey provides a total of 108 boarding places and 45 day places this does not meet the need and children still have to be placed in out-County schools, both maintained and private. Wey House School, Bramley, for maladjusted girls is in the process of building and it is hoped that it will be available by the summer of 1971. A further day unit for maladjusted children of junior age will open in Reigate during 1971.

Some maladjusted children are exceedingly difficult to place on account of their individual problems. This is particularly so in the case of children ascertained at a late age, as mentioned in the section on Child Guidance, or where there is another handicap present.

The Lindens Unit for severely disturbed children where the numbers were increased from 25 to 30 last year, has remained consistently full.

Physically Handicapped

The absence of a physically handicapped school in Surrey means that until recently all children ascertained in this category have had to be placed at out-County schools, many of them boarding. There has, as a result, been an increasing problem of very young physically handicapped children who are unable to travel long distances and who are too young to board. This problem is becoming increasingly urgent with the greater survival of such children as those suffering from Spina Bifida.

While it is the policy wherever possible to maintain these children in ordinary schools some undoubtedly require a protective environment. Moreover, the problems which they present, such as incontinence, can also make attendance at ordinary school impossible in some cases. In order to meet this problem, a day unit for 6 physically handicapped children was opened at Limpsfield Grange School in September, 1969. The premises were basically suitable for this purpose in that no stairs or split levels were involved and the only additional accommodation required was a specialised sanitary annexe which was designed and built at low cost within the existing sanitary accommodation.

The success of this unit has been such that it is hoped to open two further units in other parts of the County in 1970 and 1971. These will be on the site of normal primary schools with the intention that close integration should take place between the handicapped and the normal children.

Delicate

These children constitute a comparatively large group covering a wide range of individual disabilities, mainly of a medical nature and tend to include numbers of children whose problems arise out of poor social conditions. 23 boys and 14 girls were newly ascertained during the year.

Speech Defect

The majority of children with speech defects are catered for by the County speech therapy service and remain in ordinary schools. Only 7 children were attending special schools at the end of the year, none of which were ascertained during 1969.

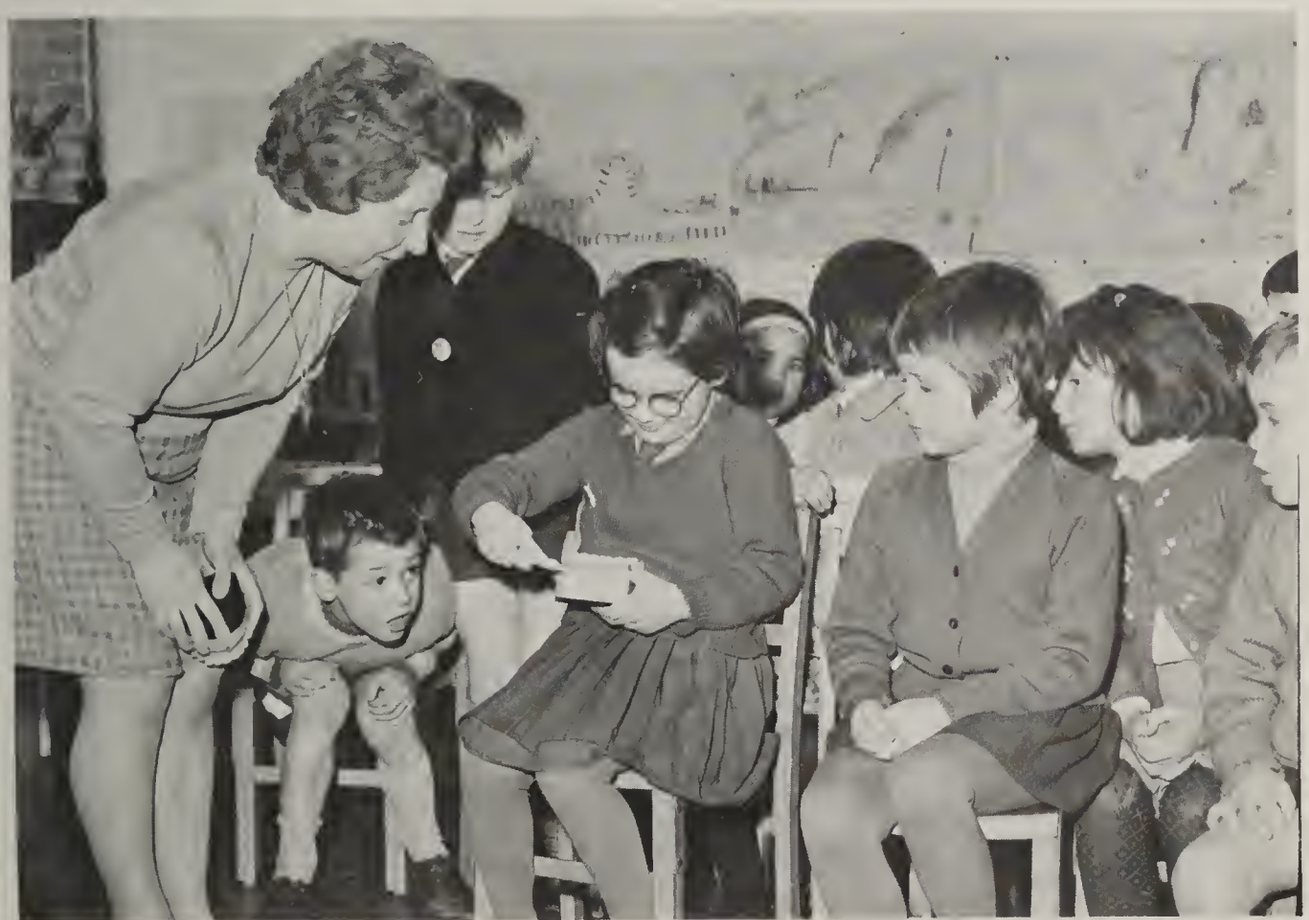
Remedial Centres

The important task of giving remedial tuition to backward children in the normal intelligence range and above is undertaken at six Remedial Centres throughout the County. Of these one, the Normandy Remedial Centre, was opened in January, 1969. Two further centres at Merrow and Dorking are projected for 1970 and 1971.

During the past year a Medical Officer has been attached to each Centre at the request of the teachers in charge to help deal with the many medical aspects of Remedial education.

SPECIAL EDUCATION

Physically handicapped and delicate children enjoy outdoor games at Limpsfield Grange School.



HEALTH EDUCATION

A full-time lecturer in dental health education helps these Surrey Primary school children to look after their teeth.

SCHOOL HEALTH

The school doctor carries out vision testing in a Surrey Primary school using the Stycar Test.

AUDIOMETRY

A six-year old pupil concentrates on passing his routine audiometric test in a Surrey school. (Photograph by courtesy of the Surrey Advertiser).

EMPLOYMENT OF CHILDREN

The bye-laws regulating the employment of children provide for an annual medical examination of children in part-time employment.

1,630 children were medically examined during the year as to their fitness to take part-time employment and all but 2 were found to be fit. The examinations are undertaken by School Medical Officers at clinics nearest to the homes of the applicants and in all 1,632 examinations and re-examinations were carried out for this purpose.

There were 95 licenses applied for during the year for pupils to take part in entertainments. All these children were examined by School Medical Officers and found to be fit.

TUBERCULOSIS IN SCHOOLS

During the year 5 school children, 1 teacher and 2 other staff were notified as suffering from tuberculosis as follows:—

Category	Maintained Schools	Independent Schools	Totals
School children	4	1	5
Teachers	1	–	1
Other staff	–	2	2
Totals	5	3	8

Epidemiological investigations were carried out at all these eight schools and 1,042 pupils were Mantoux tested. Of these, 27 pupils were found to be Mantoux positive.

It was decided to X-ray 25 Mantoux positive cases and all the results were satisfactory. In addition 884 pupils, 103 teachers and 57 other staff were X-rayed only. The results were all satisfactory. No further incidents arose out of the investigations.

PROMOTION OF HEALTH

Health Education

The past thirty years have seen a tremendous improvement in the health of school children. The extraordinary advances that have taken place in medical science have drastically reduced infant and child mortality. As a consequence we are no longer inclined to think of the child as engaged in a constant struggle for existence against a hostile environment as we tended to do only a comparatively few years ago, but in fact the environment is as potentially dangerous as ever it was. Apart from the increased danger to life and health involved in accidents at school, on the roads and at home, children need to be prepared to face hazards such as smoking, drugs and alcohol and the stresses that arise in the field of mental health as a result of difficulties in personal and social relationships.

Health education in schools is that part of education which aims at equipping the individual to undertake this responsibility. In the physical environment this is based on an adventurous and creative approach to an understanding of the body and its relationship with the environment. In relation to the social setting much can be achieved in the areas of human relationship and sex education where questions of health, of personal morality and of social responsibility are closely interrelated. As in previous years the advisory service for schools, colleges and youth organisations continued and practical assistance in terms of teaching methods, equipment and aids were afforded to staff and students. Arrangements were made for medical and nursing staff to collaborate with schools in presenting topics of current interest in health. A review of these indicates the far-reaching breadth of interest: mothercraft, current affairs in health, health and beauty, safety in the home, smoking and health, mouth-to-mouth resuscitation, dental health, personal relationships, menstruation, growth and development, how the body works, preparation for motherhood, nutrition and weight control, adolescence, community services, sex education, baby and child care, play and development, drug taking, home nursing and first aid, and environmental health.

Care was taken to ensure that this miscellany was properly integrated into the normal curriculum of the schools and that adequate preparation and follow-up were secured to make the work meaningful.

The extent to which schools can influence parents in their role as health educators is limited, especially as the parents who respond to co-operative overtures from the schools are in the main those who in any case are serving the best interest of their children. The staff of the school health service, however, can and do reach out into the young wives' groups, mothers' clubs and similar organisations, in addition to the educative opportunities in the health centres, to include matters of health and other topics which assist in the preparation for school life.

The work in personal relationships was supplemented by the service of the Guildford Marriage Guidance counsellors whose report showed that during the year 269 sessions were carried out involving 1,253 young people. Some 37 sessions were further devoted to groups of parents and teachers, one sixth-form day conference, two youth club weekends, five parents' meetings and three meetings with school staffs.

A new appointment of lecturer in dental health education was made early in April. During the summer and autumn terms 65 schools were visited where 16,518 children were taught the principles of good dental health in 480 classes. These were mainly primary schools, but also included were two E.S.N. schools, two remedial centres, two nursery schools and one partially-hearing unit. Lectures were also given at a County technical college. The lecturer is provided with a full range of audio-visual equipment and she distributes posters, leaflets and other literature extensively in the schools and clinics. The work was supplemented by health visitors in their talks to mothers and schoolchildren and by chairside health education given by dental surgeons or dental surgery assistants.

The increasing national incidence of venereal diseases, of drug taking, and the almost intractable subject of smoking were given special consideration centrally and expert advice was formulated and furnished as necessary to schools and education officers for appropriate action. The year has seen a forging of closer relationships between the health, social work and teaching staffs, which has resulted in rewarding advances in health education in schools.

Schoolchildren and Drugs

The subject of drug-taking among young people is one which gives cause for concern and receives considerable publicity at the present time. The problem which confronts us particularly is the lack of solid statistical evidence on which to base our thinking. There is no unique method of obtaining information as to the number of young people who are taking drugs, nor is it possible to say how many are taking drugs with any degree of regularity as opposed to those who may have experimented on the odd occasion and who will proceed no further.

A careful watch has been kept on the literature concerned with this subject and there is a wide divergence of opinion on these matters in the scientific press. For example, as a result of one survey it is stated "We are well past the stage where by discussing the hazards of drug taking we are in danger of introducing an idea to young people". In another it is stated "As drugs are only taken by a minority of school children, any campaign is likely to bring the whole topic to the awareness of many children who would otherwise never have become concerned about it". These two statements reflect the cleavage of professional opinion, to which must be added the difficulty which we all experience of being entirely objective in our approach to an emotional subject. The popular press are avid reporters of drug incidents and of statements by persons in the public eye, and it is easy to obtain a distorted view of the situation.

In an effort to obtain some information about the situation in Surrey schools, the heads of all secondary schools were circulated by the Chief Education Officer and the County Medical Officer at the end of 1967. They were asked to report all known cases of drug taking in their schools to Divisional Education Officers. In the case of children suspected of taking drugs these were to be reported to Divisional Medical Officers for consultation and any necessary investigation.

During 1969 two of the Divisional Education Officers reported confirmed incidents. These concerned four boys on the point of leaving school in one instance and two girls in another case. [One of these girls was also reported to the Divisional Medical Officer and is included below.] The remainder received no reports from schools.

As far as Divisional Medical Officers are concerned, reports were received as follows:—

Area	Numbers and Drugs Involved	Result
A	Nil	—
B	Nil	—
C	Nil	—
D	2 suspected (amphetamines)	Confirmed. Experimental use only.
E	1 suspected (unknown)	Negative on investigation.
F	2 suspected (unknown)	Unconfirmed. Advice given to parents.
	1 definite (amphetamines)	Isolated incident. One pill only taken. Child has not repeated experiment.
G	1 suspected (cannabis)	Confirmed. Advice given. Child no longer taking drug.

Thus, during the year twelve cases of school children possibly taking drugs were officially recognised. Of the seven suspected cases investigated by medical staff in only four was the suspicion confirmed, two remained suspicious, and one was negative. In confirmed cases none was taking drugs regularly.

This information, while not necessarily entirely accurate, gives an idea of the order of the drug problem at school level in Surrey. It helps substantiate the view that a very small section of the school population become involved in any way with drugs while at school and that the critical time comes after school leaving. It would appear, therefore, that as in many other spheres of health education, a well designed and effective educational programme is

required at some time before the child leaves school. This in itself presents many problems. It is not yet known what message is most effective in this field. In the field of cigarette smoking we can see that the imparting of knowledge alone is not sufficient deterrent in face of pressure from peer groups. Furthermore who shall undertake to communicate with the children in an area where it is recognised that a little knowledge may well be a dangerous thing, and at what age should the attempt be made?

It would appear that pending further information on these points drug dependence should not be the subject of a high powered approach in schools, and should only form part of the children's general education in social problems as normally discussed in groups of school leavers.

This raises the problem however, of providing teachers with the required information, and an effort has been made to tackle this by drawing the attention of all secondary schools to Chapter 14 of A Handbook of Health Education, issued by the Department of Education and Science in 1968, which deals with Drugs, Alcohol and Tobacco. This publication was commended to all schools by the Chief Education Officer in 1969. A booklet entitled "About Drugs" written by Dr. J. D. Wright (a former Surrey Medical Officer) was also sent to all secondary schools in January of the year. Lists of teaching aids compiled by the Health Education Officer are supplied to all schools and are also available to health department staff. Finally, talks are provided to appropriate groups by medical and other lecturers on request.

For the reasons stated above, no more closely structured programme of education on drugs is contemplated but the situation is kept under careful scrutiny. In this connection it is encouraging to know that the Health Education Council is examining the methods by which the dangers of drug taking can best be presented to young people without the risk of stimulating morbid curiosity or a desire to experiment. The results will be awaited with interest.

REPORT ON PHYSICAL EDUCATION AND SWIMMING FOR 1969/70

Now that the organising staff of the County has been completed by the appointment of Mrs. E. N. Bromfield, General Inspector for Physical Education, as successor to Miss Sanders, and the addition of Miss C. Jeal and Mr. J. Tytherleigh as Teacher Advisers to replace Mrs. Bromfield, and Mr. J. Davis who has taken up his appointment as Organiser for Physical Education in Exeter, marked progress has been made during the past year in physical education.

The Teacher Advisers are now attached to specific areas in the County making it possible to establish a greater liaison with a limited number of schools.

New ventures have been introduced throughout the year. The first three copies of the physical education bulletin Trend were distributed to all schools early in the Autumn, Spring and Summer Terms. The bulletin aims to fill a need for up-to-date information and provide an opportunity for an exchange of ideas.

Primary Schools

Now that most Primary Schools have been equipped with a wide range of fixed and portable gymnastic apparatus, several one day courses have been held in different areas of the County. The courses have been well attended and have provided practical work in educational gymnastics, athletics and playground skills leading to major games. A highly successful creative dance course for the Middle school offered great scope to teachers anxious to develop this aspect of the physical education programme.

Since the development of creative playgrounds in the County, which are now in ever increasing numbers, the teachers have been agreeably surprised by the children's increased confidence and proficient handling of equipment. There has been a noticeable decrease in playground accidents as the play areas satisfy the need of all children, incorporating an element of fantasy, opportunities for imitation, sources of adventure and opportunities for physical development.

Secondary Schools

A pilot scheme of in-service training for 30 physical education specialist teachers is being introduced this year. The unique facilities at Crystal Palace National Recreation Centre are being used for a residential course to introduce teachers to a wider variety of activities, to include squash, judo, archery, trampolining, fencing, ski-ing, skating, badminton and orienteering which may be used in developing the physical educational programme in the secondary school. This is particularly important in view of the raising of the school leaving age in 1973.

Two conferences for physical education specialists have been held at Glyn House, one has given an opportunity for newcomers to Surrey to meet the organising staff, the other was for experienced teachers to hear of plans for the continued development of physical education in the County and to exchange their views of existing facilities in secondary schools. The most notable problems seemed to be the badly drained pitches in the schools which made most of them unusable in the winter months, and the lack of groundsmen.

A full programme of in-service training courses was carried through for teachers in Infant, Junior and Secondary schools and included football, netball, first-aid and resuscitation, mountaineering leadership, basketball, rock climbing, sailing, lawn tennis, ski leadership, in addition to the courses already mentioned.

The All-England Schools Athletics Championships held in Surrey in 1969 proved to be an outstanding success due to the detailed planning of the organisers and teachers and the efficiency of the groundstaff.

The usual co-operation has been shown by the Central Council of Physical Recreation and its technical representatives in helping to organise courses.

Swimming

Approximately 20 more teaching pools have been added to the total of 100 reported last year. A full programme of in-service courses has been undertaken through the year to keep teachers informed of current trends in the teaching of swimming.

A six-session course for the A.S.A. Teachers Certificate for swimming was attended by 50 teachers at Guildford.

Four half-day courses for teaching beginners has been run at four schools with their own pools; Saxon County Junior, Shepperton, Queen Eleanors C. of E., Guildford, Ewhurst C. of E. Primary and Shawley County Primary School, Banstead. A very informative and well-attended discussion on the "school pool" was held at Glyn House on 9th October, 1969. Some 100 Heads and teachers received lectures from representatives of the County Medical staff, County Supplies Department and County Architect's Department and Education Department, throughout the day.

School Swimming Pools

The County Health Inspector comments:

"The growth in the number of learner type swimming pools has continued and at the close of the year there were about 140 such pools in use or being constructed. Improvements are being carried out to some of the older pools and there is a welcome tendency to provide overall cover and for the artificial heating of pools. Both these measures increase the length of the swimming season.

These projects usually start as a voluntary effort on the part of the Parent Teacher Associations and already busy teachers and caretakers have to learn new skills and undertake the responsibility for ensuring that the swimming pool water is kept at all times in a clean and healthy state, which is no light task. Regular sampling of the water is done by the school staff who conduct tests for the amount of 'free' chlorine present in the water at least twice a day when swimming is in progress. Where 'break point' chlorination is not being maintained occasional bacteriological samples are taken by the local public health inspectors, and any unsatisfactory samples are discussed with the school staff. It is hoped that with the 1970 season all schools will have no difficulty in maintaining 'break point' chlorination with a level of between 1.0 and 2.0 p.p.m. 'free' chlorine. It is satisfactory to note that no cases were reported of trouble concerning the health of school children being ascribed to the use of school swimming pools. A full advisory service is provided by the Supplies Department Laboratory and by officers of the County Education, Architects and Health & Welfare Departments and by local authorities in the excepted districts."

PROVISION OF MEALS AND MILK

The following table gives statistics (based on the annual October returns) as to the number of pupils taking milk and meals at maintained schools.

Number in Attendance	Number taking milk	Percentage taking milk	Number taking meals	Percentage taking meals	Cost of meal.	Number taking meals at	
						Full cost	Free
132,883 (Primary 80,968)	74,263	91.7	105,294	79.2	1/6d. (1/9d. as from 1.4.70)	100,577	4,717

SCHOOL DENTAL SERVICE

On the 31st December, 1969, the staff consisted of 19 full-time dental officers including 2 orthodontists and 23 part-time officers equivalent to 7.7 additional full-time officers. These figures are the same as those at the end of 1968, but there were fluctuations during the course of the year due mainly to changes in part-time officers. It is still difficult to obtain the services of full-time dental surgery assistants, but the establishment was maintained by the employment of part-time assistants and the arrangement works satisfactorily.

An improved surgery and a dark-room were provided at Merstham Clinic in connection with the building of a new wing as a health centre and the building of health centre accommodation at Shepperton Clinic permitted some improvement in the dental accommodation.

The London Boroughs of Kingston upon Thames, Merton and Sutton continued to use the facilities of the County Dental Laboratory on a cost sharing basis. The work of the laboratory in connection with the School Dental Service included the construction of 1,933 removable and 39 fixed orthodontic appliances, 59 dentures, 2,581 reference models and 116 crowns.

Orthodontic treatment was carried out by two full-time and four part-time orthodontists specially engaged for this purpose who attend 18 clinics throughout the County on a fixed programme of sessions. In addition most dental officers undertake a limited amount of orthodontic treatment either on their own initiative or in consultation with an orthodontist. Treatment for a complex case may extend for a period up to three years and success of treatment does not depend solely on the skill of the orthodontist, but on the enthusiastic co-operation of both the parent and patient. Treatment may involve the extraction of permanent teeth to obtain space to re-align the remaining teeth.

The number of children examined at routine school inspections was 88,566 and 12,939 were first inspected at clinics making a total of 101,505. In addition 8,678 were re-inspected at schools or clinics. Fillings in permanent teeth numbered 33,105 and in deciduous teeth 20,417, a total of 53,522. The number of permanent teeth extracted was 2,729 and deciduous teeth 8,365. Statistical information is given in table F and details of work undertaken in dental health education are given under Promotion of Health.

STATISTICAL TABLES – AS SUBMITTED TO THE DEPARTMENT OF EDUCATION AND SCIENCE.

Medical inspection of pupils attending maintained Primary and Secondary schools (including Nursery and Special schools).

Table A – PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	274	274	–	–	7	20	25
1964	8,619	8,591	28	–	283	821	993
1963	5,513	5,491	22	–	253	600	761
1962	1,007	995	12	–	48	139	176
1961	9,031	9,007	24	–	546	900	1,357
1960	1,826	1,818	8	–	136	240	350
1959	572	572	–	–	35	84	107
1958	3,055	3,040	15	–	291	358	594
1957	6,457	6,437	20	–	619	689	1,180
1956	2,999	2,991	8	–	344	251	555
1955	3,459	3,455	4	–	417	279	665
1954 and earlier	8,467	8,435	32	–	1,064	778	1,621
TOTAL	51,279	51,106	173	–	4,043	5,159	8,384

Column (3) total as a percentage of Column (2) total 99.63%

Column (4) total as a percentage of Column (2) total ... ... .37%

Table B – OTHER INSPECTIONS

Number of Special Inspections	4,811
Number of re-inspections	6,827
Total	11,638

Table C – INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	31,014
(*b*)	Total number of individual pupils found to be infested	332
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	16
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	4

Table D – RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1969, PERIODIC AND SPECIAL INSPECTIONS

DEFECT CODE No.	DEFECT OR DISEASE	ENTRANTS		LEAVER		OTHERS		TOTAL		SPECIAL INSPECTIONS	
		REQUIRING		REQUIRING		REQUIRING		REQUIRING		REQUIRING	
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	207	575	377	505	572	805	1,156	1,885	293	106
5	Eyes– (*a*) Vision	551	1,534	1,389	895	2,081	1,932	4,021	4,361	400	730
	(*b*) Squint	149	239	43	64	148	184	340	487	14	25
	(*c*) Other	27	99	23	136	71	205	121	440	29	24
6	Ears– (*a*) Hearing	98	427	31	100	125	447	254	974	75	244
	(*b*) Otitis Media	38	324	11	36	44	172	93	532	12	25
	(*c*) Other	31	120	45	49	61	128	137	297	53	32
7	Nose and Throat	198	1,287	83	286	277	1,110	558	2,683	48	158
8	Speech	208	413	18	68	138	237	364	718	172	85
9	Lymphatic Glands	12	427	10	38	11	293	33	758	–	26
10	Heart	23	261	10	161	26	361	59	783	3	37
11	Lungs	72	434	25	184	122	488	219	1,106	18	51
12	Developmental– (*a*) Hernia	20	59	7	10	27	68	54	137	2	15
	(*b*) Other	33	422	21	49	149	513	203	984	8	117
13	Orthopaedic– (*a*) Posture	18	114	35	223	54	306	107	643	7	31
	(*b*) Feet	92	552	75	305	189	767	356	1,624	41	59
	(*c*) Other	41	342	51	281	86	491	178	1,114	55	70
14	Nervous System– (*a*) Epilepsy	17	41	11	26	34	57	62	124	12	11
	(*b*) Other	14	121	10	60	45	139	69	320	78	31
15	Psychological– (*a*) Development	29	152	56	56	140	325	225	533	78	104
	(*b*) Stability	27	421	18	194	59	543	104	1,158	45	136
16	Abdomen	14	143	12	63	36	190	62	396	2	30
17	Other	253	482	140	360	393	1,043	786	1,885	220	239
	TOTAL	2,172	8,989	2,501	4,149	4,888	10,804	9,561	23,942	1,665	2,386

Table E

(a) – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	145
Errors of refraction (including squint)	8,181
Total	8,326
Number of pupils for whom spectacles were prescribed	3,121

(b) – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with.
Received operative treatment:–	
(*a*) for diseases of the ear	20
(*b*) for adenoids and chronic tonsillitis	572
(*c*) for other nose and throat conditions	71
Received other forms of treatment	195
Total	858
Total number of pupils in schools who are known to have been provided with hearing aids:–	
(*a*) in 1969	36
(*b*) in previous years	209

(c) – ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated.
(*a*) Pupils treated at clinics or out-patients departments	1,049
(*b*) Pupils treated at school for postural defects	185
Total	1,234

(d) – DISEASES OF THE SKIN

	Number of cases known to have been treated.
Ringworm–	
(*a*) Scalp	3
(*b*) Body	–
Scabies	13
Impetigo	16
Other skin diseases	1,589
Total	1,621

(e) – CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	1,338

(f) – SPEECH THERAPY

	Number of cases known to have been treated.
Pupils treated by speech therapists	2,848

Table E – continued

(g) – OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with.
(*a*) Pupils with minor ailments	1,086
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	94
(*c*) Pupils who received B.C.G. vaccination	10,301
(*d*) Other than (*a*), (*b*) and (*c*) above:–	
Lymphatic Glands	5
Abdomen	84
Heart and Circulation	23
Lungs	139
Development	169
Nervous System	45
Psychological	–
Other	112
Total (*a*) to (*d*)	12,058

Table F – DENTAL INSPECTION AND TREATMENT

Attendances and Treatment.	Ages 5 to 9	10 to 14	15 and over	Total
First visit	11,028	9,119	2,207	22,354
Subsequent visits	15,158	19,171	4,772	39,101
Total visits	26,186	28,290	6,979	61,455
Additional courses of treatment commenced	2,203	1,506	369	4,078
Fillings in permanent teeth	8,629	18,456	6,020	33,105
Fillings in deciduous teeth	18,376	2,041	–	20,417
Permanent teeth filled	7,203	16,067	5,303	28,573
Deciduous teeth filled	16,583	1,738	–	18,321
Permanent teeth extracted	397	1,914	418	2,729
Deciduous teeth extracted	6,025	2,340	–	8,365
General anaesthetics	2,177	965	78	3,220
Emergencies	996	486	131	1,613
Number of pupils X-rayed				2,133
Prophylaxis				3,560
Teeth otherwise conserved				4,627
Number of teeth root filled				174
Inlays				14
Crowns				123
Courses of treatment completed				18,714

Orthodontics.	
Cases remaining from previous year	1,734
New cases commenced during year	664
Cases completed during year	386
Cases discontinued during year	90
Number of removable appliances fitted	1,346
Number of fixed appliances fitted	68
Pupils referred to hospital consultant	33

Prosthetics.	Ages 5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	3	1	–	4
Pupils supplied with other dentures (first time)	5	14	20	39
Number of dentures supplied	8	18	27	53

Anaesthetics.	
General anaesthetics administered by dental officers	30

Inspections.	
(*a*) First inspection at school. Number of pupils	88,566
(*b*) First inspection at clinic. Number of pupils	12,939
Number of (*a*) and (*b*) found to require treatment	42,675
Number of (*a*) and (*b*) offered treatment	37,043
(*c*) Pupils reinspected at school clinic	8,678
Number of (*c*) found to require treatment	5,768

Sessions.	
Sessions devoted to treatment	10,354
Sessions devoted to inspection	760
Sessions devoted to dental health education	320

OTHER SCHOOL HEALTH STATISTICAL TABLES

Table G – AUDIOMETRY IN SCHOOLS 1969

Total for Administrative County 1969	No. of Children Tested	No. of Children who failed	% Failure
Routine Sweep Tests in Schools	11,393	740	6.5
Other Tests	3,109	898	28.8

Table H – AUDIOLOGY

No. of new Cases referred to Audiology Clinic from all sources						No. found to have remedial hearing loss						No. found to have impaired hearing but not necessitating hearing aid						No. found to have impaired hearing necessitating hearing aid and Auditory training					
0-2	2-5	5-7	7-11	11+	TOTAL	0-2	2-5	5-7	7-11	11+	TOTAL	0-2	2-5	5-7	7-11	11+	TOTAL	0-2	2-5	5-7	7-11	11+	TOTAL
257	439	211	94	39	1,040	7	24	67	53	13	164	1	10	15	14	17	57	1	9	7	4	7	28

Table I (1) – CHILDREN RECEIVING AUDITORY TRAINING FROM PERIPATETIC TEACHERS OF THE DEAF DURING 1969

Age	Cases Carried over from 1968	New Cases	Discharged to		Left District	Remaining Dec., 1969
			Special School	Supervision		
0-2 years	1	5	1	–	–	5
2-5 „	21	13	3	–	4	27
5-7 „	18	5	7	1	–	15
7-11 „	16	4	4	2	1	13
11+ „	12	2	1	1	1	11
Total	68	29	16	4	6	71

Table I (2) – CHILDREN UNDER SUPERVISION BY PERIPATETIC TEACHERS OF THE DEAF DURING 1969

Age	Cases Carried over from Previous Year	New Cases	Discharged		Left District	Remaining Dec., 1969
			Special School	No longer needing help or no longer at School		
0-2 years	–	–	–	–	–	–
2-5 „	1	1	–	–	–	2
5-7 „	13	18	2	–	–	29
7-11 „	67	20	–	3	9	75
11+ „	65	8	1	14	3	55
Total	146	47	3	17	12	161

Table J – SPEECH THERAPY 1969

	COUNTY TOTAL
No. of sessions held	
Treatment by therapists	
In clinic	5,441
In ordinary schools	684
Treatment by students	529
1st year	4
2nd year	27
3rd year	4
No. of cases on register at beginning of year	1,763
Added during year	1,195
Discharged	955
at end of year — under treatment	1,056
at end of year — under supervision	947
at end of year — awaiting admission	479
Analysis of cases	
stammering	307
dyslalia	1,921
cleft palate	57
nasal obstruction	14
cluttering	3
idioglossia	4
dysarthria	29
aphasia	42
defect of voice	30
amentia	5
deafness	85
retarded speech	461
Analysis of cases discharged	
achieved normal speech	507
were greatly improved	213
showed some improvement	180
little or no improvement	55
by clinic	644
non-co-operation of parents	80
left district	113
transfer to special school	62
for other reasons	56

Table K – THE WORK OF THE CHILD GUIDANCE CLINICS 1969

	Chipstead	Epsom	Farnham	Godalming	Guildford	Hersham	Leatherhead	Redhill	Staines	Woking	TOTAL
No. of cases on waiting list at 31.12.68	24	8	18	11	11	44	4	9	22	10	161
No. of cases referred during year	67	81	84	52	153	193	59	177	160	228	1,254
No. of cases on waiting list at 31.12.69	27	8	18	5	7	95	5	11	52	11	239
No. of new cases seen	45	64	74	44	142	118	47	112	112	166	924
No. of cases discharged	39	71	76	44	140	48	47	84	72	85	706
Analysis:–											
(*a*) Treatment completed	24	22	32	14	25	18	7	77	64	17	300
(*b*) No treatment required	2	33	35	7	85	9	30	1	2	49	253
(*c*) Non-co-operation of parents	7	13	6	5	7	8	8	–	4	9	67
(*d*) Other arrangements made	6	3	3	18	23	13	2	6	2	10	86
No. of cases under treatment at end of year ...	23	11	45	20	13	47	11	177	24	51	422
No. of cases under supervision at end of year ...	115	15	20	24	90	172	9	232	110	95	882
No. of cases withdrawn from waiting list during year	19	17	10	14	15	24	11	24	18	61	213
No. of interviews by psychiatrists	787	595	378	250	1,362	1,075	73	1,309	878	1,128	7,835
Analysis:–											
(*a*) With children for examination ...	120	53	134	62	154	270	8	137	219	164	1,321
(*b*) With children for treatment	472	129	101	77	614	289	1	599	252	502	3,036
(*c*) With parents	83	309	125	94	376	489	15	496	350	357	2,694
(*d*) With others	112	104	18	17	218	27	49	77	57	105	784
No. of sessions held											
(*a*) Psychiatrists	336	302	124	94	468	290	5	472	269	225	2,585
(*b*) Educational psychologists	248	171	522	442	480	252	98	648	356	650	3,867
(*c*) Psychotherapists	73	356	268	180	–	204	198	–	–	84	1,363
(*d*) Social workers	908	697	476	318	923	474	198	436	217	283	4,930

Table L – HANDICAPPED PUPILS

The following table shows the number of Surrey children as at 31st December, 1969, who were ascertained as handicapped pupils and the provision made for their education:–

Category	Total Handicapped Pupils		Recommended for Special School or Hostel												To continue under observation at Ordinary School		Home Tuition		Tuition in Hospital or Special Units		Pending Recommendation			
			In Special School or Hostel						Parents refuse consent		On waiting list										In Ordinary School		At home or in hospital or in Private School	
			Provided by Surrey		Other		Total																	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Blind	7	5	–	–	7	4	7	4	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–
Partially sighted	24	21	–	–	11	16	11	16	1	–	–	–	9	2	–	–	–	–	2	–	1	3		
Deaf	39	25	25	15	11	9	36	24	–	–	1	–	–	–	1	–	–	–	1	–	–	1		
Partially hearing	87	75	18	10	19	7	37	17	–	–	–	–	40	41	–	–	–	–	1	2	9	15		
Educationally sub-normal	832	498	558	324	56	32	614	356	14	23	120	74	43	16	3	–	–	–	34	23	4	6		
Epileptic	21	22	–	–	12	10	12	10	–	1	–	–	6	7	–	–	–	–	2	3	1	1		
Maladjusted	294	94	111	15	117	55	228	70	7	3	28	12	4	–	–	–	–	–	24	7	3	2		
Physically handicapped	185	124	3	2	94	52	97	54	–	1	3	3	18	15	12	10	17	10	14	16	24	15		
Delicate	126	88	47	23	24	14	71	37	2	4	5	3	19	19	–	–	1	1	25	22	3	2		
Speech defect	12	8	–	–	4	3	4	3	–	–	–	–	2	–	–	–	–	–	3	–	3	5		
Totals	1,627	960	762	389	355	202	1,117	591	24	32	157	92	141	100	16	11	18	11	106	73	48	50		

Table M – SPECIAL SCHOOLS AND HOSTELS

The following are provided by the Education Committee:–

Handicap	Name and Address of School/Hostel	Accommodation	Age Range	No. attending at December, 1969			
				Surrey Pupils		Out-County Pupils	
				Boys	Girls	Boys	Girls
Educationally Sub-normal	Bramley, Gosden House	80 G. } Boarding 20 B. }	G. 7–16 B. 7–10	6	72	4	10
		20 M. Day					
	Redhill, St. Nicholas	100 B. Boarding	10–16	84	–	24	–
		20 B. Day					
	Addlestone, Claybourne	120 M. Day	7–16	66	53	–	1
	Camberley, Carwarden House (temporary)	80 M. Day	5–16	44	28	4	5
	Guildford, Temple Court	120 M. Day	7–16	82	45	2	–
	Leatherhead, West Hill	140 M. Day	7–16	103	46	1	1
	Merstham, Greystone	130 M. Day	5–16	81	45	–	4
	Woking, The Park	130 M. Day	7–16	82	35	7	3
Delicate and physically handicapped	Guildford, Sunnydown	40 B. Boarding	10–16	34	–	6	–
	Oxted, Limpsfield Grange	30 G. } Boarding 8 B. }	G. 5–16 B. 5–10	16	25	2	2
		6 M. Day					
Deaf	Caterham, Portley House	49 M. Boarding	3–11½	17	12	10	12
	Redhill, Nutfield Priory	80 M. Boarding	11½–16	8	3	25	38
Partially hearing	Ewell, Riverview	30 M. Day	4½–11	7	4	7	8
	Woking, Woodlands Broadmere	30 M. Day	4½–11	7	2	1	–
Maladjusted	Camberley, Wishmore Cross	40 B. Boarding	11–16	30	–	3	–
	Dorking, Starhurst	50 B. Boarding	11–16	43	–	5	–
	Guildford, Thornchace, Merrow (Hostel)	18 M. Boarding	G. 5–12 B. 5–11	10	5	1	–
	Guildford, Grove Class, Merrow (day class)	15 M. Day	7–12	14	2	–	–
Special Unit for severely disturbed children	Epsom, The Lindens, c/o St. Ebba's Hospital	30 M. Day	4–11	14	8	3	2
Remedial Centres	Bisley	30 M. Day	5–11	23	4	–	–
	Caterham Hill	40 M. Day	5–11	44	4	–	–
	(Epsom), Clayhill Centre	40 M. Day	5–11	42	6	–	–
	Normandy	30 M. Day	5–11	14	2	–	–
	Ottershaw	30 M. Day	5–11	24	2	–	–
	(Redhill), Ardmore Centre	30 M. Day	5–11	20	4	–	–

CHAPTER FOURTEEN – TABLES

HEALTH AND WELFARE SERVICES

Table 1

Population of each Sanitary District at the censuses of 1951 and 1961, and the Registrar-General's mid-year estimates for 1968 and 1969:–

DISTRICTS	Area in Acres.	Census Population		Registrar-General's Estimates of Mid-year populations.	
		1951	1961	1968	1969
M. B. and Urban					
1. Banstead	12,821	33,529	41,559	42,100	44,790
2. Caterham and Warlingham	8,233	31,293	34,869	37,430	37,760
3. Chertsey	9,983	30,852	40,390	44,630	45,250
4. Dorking	9,511	20,252	22,604	23,010	22,850
5. Egham	9,350	24,690	30,571	30,820	30,800
6. Epsom and Ewell	8,427	68,055	71,159	72,300	72,190
7. Esher	14,850	51,432	60,610	63,120	63,190
8. Farnham	9,039	23,928	26,934	30,060	30,150
9. Frimley and Camberley	7,768	20,386	28,552	42,260	42,600
10. Godalming	2,393	14,244	15,780	18,150	18,230
11. Guildford	7,323	48,048	53,976	55,520	55,890
12. Haslemere	5,751	12,003	12,523	13,550	13,560
13. Leatherhead	11,187	27,206	35,582	38,930	39,200
14. Reigate	10,255	42,248	53,751	55,270	57,830
15. Staines	8,271	39,995	49,259	56,190	56,610
16. Sunbury	5,609	23,394	33,403	39,800	40,120
17. Walton and Weybridge	9,049	38,112	45,510	51,880	52,530
18. Woking	15,708	47,596	67,519	77,220	78,180
Total ...	165,528	597,263	724,551	792,240	801,730
Rural					
1. Bagshot	16,083	14,109	16,180	19,010	19,980
2. Dorking and Horley	53,943	25,832	31,710	33,860	33,910
3. Godstone	52,507	32,823	40,225	44,630	45,000
4. Guildford	59,643	44,936	54,888	62,470	62,650
5. Hambledon	68,175	31,851	34,524	38,590	38,870
Total ...	250,351	149,551	177,527	198,560	200,410
Administrative County	415,879	746,814	902,078	990,800	1,002,140

The figures given by the Registrar-General express the populations for the 1951 Census as they would have appeared if the area boundaries at that time were the same as they are at present.

Table 2

Live birth rate, still birth rate and percentage of illegitimate births in past years.

Year	Live birth rate	Rate of still births per 1,000 live and still births	Illegitimate births Pereentage of total live births
1958	14.24	17.53	4.11
1959	14.33	15.58	3.99
1960	14.83	15.27	4.38
1961	15.18	13.55	4.71
1962	15.46	13.90	4.95
1963	15.63	11.49	5.19
1964	16.08	12.71	5.87
1965	16.49	11.58	5.75
1966	15.86	12.55	5.76
1967	15.16	11.05	6.08
1968	14.68	11.49	6.25
1969	13.90	10.00	6.00

Table 3

Infant mortality rate in past years in Surrey and in England and Wales

Year	SURREY			ENGLAND AND WALES		
	Infant mortality rate	Neo-natal mortality rate	Mortality rate 4 weeks to 12 months	Infant mortality rate	Neo-natal mortality rate	Mortality rate 4 weeks to 12 months
1958	16.72	12.11	4.61	22.6	16.2	6.4
1959	18.82	13.70	5.12	22.0	15.8	6.2
1960	17.12	12.92	4.20	21.7	15.6	6.1
1961	17.79	13.29	4.50	21.4	15.5	5.9
1962	16.57	12.15	4.42	20.7	15.1	5.6
1963	17.08	12.01	5.07	20.9	14.2	6.7
1964	16.64	12.71	3.93	20.0	13.8	6.2
1965	15.29	10.84	4.45	19.0	13.0	6.0
1966	16.46	11.94	4.52	19.0	12.0	6.1
1967	14.78	10.43	4.35	18.3	12.5	5.8
1968	15.74	11.07	4.67	18.0	12.3	5.7
1969	15.00	10.00	5.00	18.0	12.0	6.0

Table 4 – Administrative County of Surrey

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1969

The causes of all deaths during 1969 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table:–

	Causes of Death	Sex	Aggregate of Urban Districts									Aggregate of Rural Districts								
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
	All Causes	M	4,222	94	21	30	49	131	1,159	1,255	1,483	1,032	29	6	6	18	45	292	274	361
		F	4,657	72	12	21	28	114	708	974	2,728	999	15	4	4	9	27	168	201	571
B. 3	Bacillary dysentery and amoebiasis	M	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
		F		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B. 4	Enteritis and other diarrhoeal diseases	M	6	2	1	–	–	1	1	–	1	1	1	–	–	–	–	–	–	–
		F	4	1	2	–	–	1	–	–	–	1	–	–	–	–	–	–	1	–
B. 5	Tuberculosis of respiratory system	M	13	–	–	–	–	1	1	8	3	1	–	–	–	–	–	–	1	–
		F	3	–	–	–	1	–	–	1	1	–	–	–	–	–	–	–	–	–
B. 6	Other tuberculosis including late effects	M	10	–	–	–	–	3	4	2	1	2	–	–	–	–	1	–	1	–
		F	2	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–
B.11	Meningococcal infection	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.14	Measles	M	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.17	Syphilis and its sequelae	M	3	–	–	–	–	–	1	1	1	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	–	–	–	–	2	1	–	–	–	–	–	–	–	1
B.18	All other infective & parasitic diseases	M	4	–	–	–	1	–	3	–	–	2	–	–	–	–	–	–	2	–
		F	10	–	–	1	–	3	3	–	3	3	–	–	–	–	2	1	–	–
B.19 (1)	Malignant Neoplasm Buccal cavity etc.	M	15	–	–	–	–	–	4	4	7	1	–	–	–	–	–	–	–	1
		F	11	–	–	–	–	1	5	3	2	1	–	–	–	–	–	–	1	–
B.19 (2)	Malignant Neoplasm Oesophagus	M	29	–	–	–	1	–	12	11	5	9	–	–	–	–	–	4	2	3
		F	15	–	–	–	–	–	2	6	7	3	–	–	–	–	–	2	–	1
B.19 (3)	Malignant Neoplasm Stomach	M	87	–	–	–	–	4	30	28	25	26	–	–	–	–	–	10	9	7
		F	72	–	–	–	–	3	22	19	28	19	–	–	–	–	–	3	4	12
B.19 (4)	Malignant Neoplasm intestine	M	102	–	–	–	–	4	40	35	23	35	–	–	–	–	1	10	13	11
		F	147	–	–	–	–	3	38	34	72	33	–	–	–	–	–	10	13	10
B.19 (5)	Malignant Neoplasm larynx	M	7	–	–	–	–	–	3	1	3	–	–	–	–	–	–	–	–	–
		F	3	–	–	–	–	–	1	–	2	–	–	–	–	–	–	–	–	–
B.19 (6)	Malignant neoplasm Lung, Bronchus	M	342	–	–	–	–	5	138	143	56	84	–	–	–	–	1	50	21	12
		F	81	–	–	–	–	2	33	34	12	18	–	–	–	–	1	5	11	1

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1969 – continued

	Causes of Death	Sex	Aggregate of Urban Districts									Aggregate of Rural Districts								
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
B.19 (7)	Malignant neoplasm Breast	M	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–
		F	202	–	–	–	–	12	89	48	53	48	–	–	–	–	1	25	15	7
B.19 (8)	Malignant neoplasm Uterus	F	52	–	–	–	–	1	25	11	15	14	–	–	–	–	3	5	3	3
B.19 (9)	Malignant neoplasm prostate	M	72	–	–	–	–	–	8	22	42	19	–	–	–	–	–	3	6	10
B.19 (10)	Leukaemia	M	33	2	2	2	1	4	11	5	6	9	–	–	–	1	–	3	3	2
		F	26	–	1	3	1	1	6	6	8	6	–	–	–	–	–	2	1	3
B.19 (11)	Other Malignant neoplasms etc.	M	243	–	2	5	7	14	93	73	49	43	–	–	–	2	4	16	14	7
		F	266	1	–	3	2	11	83	84	82	46	–	–	–	1	3	14	16	12
B.20	Benign Neoplasms of unspecified nature	M	7	–	–	1	1	2	1	1	1	1	–	–	–	–	–	1	–	–
		F	5	–	1	–	–	–	2	–	2	3	–	–	–	–	1	2	–	–
B.21	Diabetes melitus	M	22	–	–	–	–	1	5	4	12	2	–	–	–	–	–	–	–	2
		F	33	–	–	–	–	–	6	10	17	10	–	–	–	–	–	4	–	6
B.22	Avitaminoses and other nutritional deficiency	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1
B.46 (1)	Other Endocrine, etc. diseases	M	9	2	–	2	–	–	2	2	1	1	–	1	–	–	–	–	–	–
		F	16	–	–	–	–	–	8	3	5	4	1	–	–	–	–	3	–	–
B.23	Anaemias	M	6	–	–	–	–	–	3	1	2	–	–	–	–	–	–	–	–	–
		F	11	–	–	–	–	1	–	3	7	5	–	–	–	–	–	1	–	4
B.46 (2)	Other diseases of blood & blood forming organs	M	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1
		F	3	–	–	–	–	–	–	1	2	–	–	–	–	–	–	–	–	–
B.46 (3)	Mental disorders	M	13	–	–	–	–	1	3	2	7	1	–	–	–	–	–	–	–	1
		F	28	–	–	–	2	1	3	5	17	11	–	–	–	–	1	3	1	6
B.24	Meningitis	M	3	1	1	–	–	–	1	–	–	1	–	1	–	–	–	–	–	–
		F	4	1	–	2	–	–	–	1	–	1	–		–	–	–	–	–	1
B.46 (4)	Other diseases of Nervous System	M	62	2	2	1	6	4	14	13	20	10	–	–	–	1	2	4	2	1
		F	71	1	–	2	2	6	14	21	25	8	–	–	1	–	–	4	2	1
B.25	Active rheumatic fever	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
B.26	Chronic rheumatic heart disease	M	35	–	–	–	–	3	12	13	7	10	–	–	–	–	2	2	4	2
		F	81	–	–	–	–	–	29	14	38	8	–	–	–	–	1	–	2	5
B.27	Hypertensive disease	M	67	–	–	–	–	–	18	21	28	14	–	–	–	–	1	6	3	4
		F	94	–	–	–	–	1	12	25	56	20	–	–	–	–	–	3	5	12

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1969 – continued

	Causes of Death	Sex	Aggregate of Urban Districts									Aggregate of Rural Districts							
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
B.28	Ischaemic heart disease	M	1,203	–	–	–	–	29	402	382	390	316	–	–	–	–	9	111	85	111
		F	947	–	–	–	–	6	95	216	630	175	–	–	–	–	–	23	37	115
B.29	Other forms of heart disease	M	172	–	–	1	1	4	20	45	101	34	1	–	–	–	1	3	12	17
		F	331	–	–	–	–	2	16	47	266	57	–	–	–	–	–	1	9	47
B.30	Cerebrovascular Disease	M	400	–	–	–	–	3	84	103	210	95	–	–	–	–	–	13	25	57
		F	733	–	–	1	–	11	59	132	530	169	–	–	–	–	2	18	33	116
B.46 (5)	Other diseases of the circulatory system	M	170	–	–	–	–	–	39	51	80	47	–	–	–	1	–	14	10	22
		F	248	–	–	–	1	–	22	35	190	60	–	–	–	–	–	3	12	45
B.31	Influenza	M	40	–	–	–	2	4	10	12	12	7	–	–	–	–	1	3	1	2
		F	34	–	1	–	1	3	7	13	9	13	–	–	–	–	–	1	1	11
B.32	Pneumonia	M	332	8	3	3	4	7	54	81	172	58	2	–	–	–	1	8	11	36
		F	458	4	–	1	3	9	21	73	347	117	–	1	–	–	1	15	18	82
B.33 (1)	Bronchitis and Emphysema	M	259	–	–	–	–	–	46	104	109	52	–	–	–	–	1	9	24	18
		F	88	–	–	1	–	1	12	35	39	15	–	–	–	–	–	4	3	8
B.33 (2)	Asthma	M	7	–	–	2	–	–	4	–	1	5	–	–	1	–	2	–	1	1
		F	11	–	–	–	–	1	6	3	1	4	–	–	–	–	1	1	2	–
B.46 (6)	Other diseases of the respiratory system	M	38	3	4	–	1	–	10	15	5	13	1	–	1	–	1	3	3	4
		F	42	5	1	–	–	–	3	7	26	11	2	–	–	–	1	–	2	6
B.34	Peptic ulcer	M	37	–	–	–	–	1	15	9	12	3	–	–	–	–	–	–	1	2
		F	26	–	–	–	–	–	–	12	14	3	–	–	–	–	1	2	–	–
B.35	Appendicitis	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	6	–	–	–	–	–	–	2	4	1	–	–	–	–	–	–	–	1
B.36	Intestinal obstruction and hernia	M	13	–	–	–	–	–	1	2	10	5	–	–	–	–	–	2	–	3
		F	25	1	–	–	–	1	2	4	17	3	–	–	–	–	–	–	–	3
B.37	Cirrhosis of the liver	M	3	–	–	–	–	–	2	1	–	4	–	–	–	–	–	–	3	1
		F	12	–	–	–	–	1	5	6	–	–	–	–	–	–	–	–	–	–
B.46 (7)	Other diseases of the digestive system	M	32	2	–	1	1	1	8	9	10	13	1	–	–	–	–	4	4	4
		F	63	1	–	–	–	2	12	15	33	15	–	–	–	–	–	1	3	11
B.38	Nephritis and nephrosis	M	13	–	–	1	–	1	6	2	3	5	–	–	–	–	–	–	2	3
		F	23	–	–	1	–	2	7	4	9	1	–	–	–	–	–	–	–	1
B.39	Hyperplasia of prostate	M	16	–	–	–	–	–	–	4	12	3	–	–	–	–	–	–	2	1
B.46 (8)	Other diseases of the Genito-urinary system	M	23	–	–	–	–	–	4	9	10	3	–	–	–	–	–	–	1	2
		F	36	–	1	–	–	–	11	9	15	7	–	–	–	–	1	1	–	5

Table 4 – CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1969 – continued

	Causes of Death	Sex	Aggregate of Urban Districts									Aggregate of Rural Districts								
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
B.40	Abortion	F	1	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.41	Other complications of pregnancy	F	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–
B.46 (9)	Diseases of the skin and subcutaneous tissue	M	2	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–
		F	3	–	–	–	–	–	1	–	2	–	–	–	–	–	–	–	–	–
B.46 (10)	Disease of the musculo-skeletal system	M	12	–	–	–	–	–	4	5	3	5	–	–	–	–	–	1	1	3
		F	32	–	–	–	–	–	5	6	21	11	–	–	1	–	–	1	1	8
B.42	Congenital anomalies	M	36	21	2	–	1	3	6	2	1	14	13	–	1	–	–	–	–	–
		F	34	17	4	3	2	2	4	1	1	11	3	1	2	–	2	1	1	1
B.43	Birth injury and difficult labour	M	31	31	–	–	–	–	–	–	–	4	4	–	–	–	–	–	–	–
		F	19	19	–	–	–	–	–	–	–	5	5	–	–	–	–	–	–	–
B.44	Other causes of perinatal mortality	M	14	14	–	–	–	–	–	–	–	5	5	–	–	–	–	–	–	–
		F	18	18	–	–	–	–	–	–	–	3	3	–	–	–	–	–	–	–
B.45	Symptoms and ill-defined conditions	M	29	1	–	–	–	–	1	3	24	5	–	–	–	–	–	–	–	5
		F	86	–	–	–	–	1	–	2	83	10	–	–	–	–	–	–	–	10
BE.47	Motor vehicle accidents	M	59	–	–	7	14	11	12	7	8	27	–	–	1	9	7	1	7	2
		F	37	–	1	3	9	6	10	6	2	14	–	–	1	3	3	2	3	2
BE.48	All other accidents	M	41	4	3	3	6	7	6	4	8	27	1	3	2	3	9	7	1	1
		F	56	2	–	–	2	5	9	10	28	26	1	1	–	4	2	4	1	13
BE.49	Suicide and self-inflicted injuries	M	35	–	–	–	2	11	11	11	–	7	–	–	–	1	1	4	–	1
		F	35	–	–	–	1	9	15	6	4	3	–	–	–	–	–	3	–	–
BE.50	All other external causes	M	11	1	–	1	–	1	5	2	1	2	–	1	–	–	–	–	–	1
		F	7	–	–	–	–	4	3	–	–	1	–	1	–	–	–	–	–	–

Table 5 – NOTIFICATIONS OF INFECTIOUS DISEASES, 1969

	Number of cases notified.
Acute encephalitis	
Infective	3
Post infective	2
Accute Meningitis	14
Acute Poliomyelitis	
Paralytic	0
Non. paralytic	0
Anthrax	0
Cholera	0
Diptheria	0
Dysentry	366
Food Poisoning	180
Infective Jaundice	367
Malaria	6
Leptospirosis	1
Measles	2090
Ophthalmia neonatorum	1
Paratyphoid Fever	7
Plague	0
Relapsing Fever	0
Scarlet Fever	169
Smallpox	0
Tetanus	1
Tuberculosis	
Pulmonary	105
Non-pulmonary	18
Typhoid Fever	3
Typhus Fever	0
Whooping Cough	50
Yellow Fever	0
Deaths from Infectious Diseases, 1969	
Measles	1
Meningococcal infection	1
Influenza	94

Table 6 – NEW BUILDINGS TAKEN INTO USE 1969

Project	Purpose	Total Cost *	Date Taken into Use
		£	
Banstead, The Horseshoe	"Ridgemount", Home for the Elderly	125,548	May, 1969
"	"Shallcross", Home for the Elderly	125,548	July, 1969
"	"Bentley" Technical Training Centre	100,500	August, 1969
"	Ambulance Service H.Q. and Control Centre	185,264	September, 1969
Farnham, Falkner Road	"Cobgates", Home for the Elderly	138,269	June, 1969
Epsom Alexandra Road	"Anderson House", Nurses Home and Training School	73,700	January, 1969
Shepperton, Laleham Road	Health Centre (extension to clinic)	15,947	June, 1969
West Molesey, Hurst Park	"Thames Side" Home for the Elderly	145,103	July, 1969
West Molesey, High Street	"Langdown", Hostel for the Mentally Subnormal	84,494	July, 1969
Woking, Colcy Avenue	"Heathside", Home for the Elderly	140,803	June, 1969
	TOTAL	1,135,176	

* Includes cost of building works, furniture and equipment and where applicable the cost of the site.

Table 7 – BUILDING WORK IN PROGRESS ON THE 31st DECEMBER, 1969

Project	Purpose	Position at December, 1969
1966/67 Capital Building Programme		
Walton-on-Thames, Ambleside Avenue	"Glendale", Home for the Elderly	Building Completed Being Furnished
West Molesey, High Street	"The Summers" Home for the Physically Handicapped	Building Completed Being Furnished
1967/68 Capital Building Programme		
Lingfield, East Grinstead Road	"Orchard Court", Home for the Elderly	Completion due January, 1970
1968/69 Capital Building Programme		
Merstham, Bletchingley Road	Health Centre (Extn. to clinic) and 4 Nurses flats	Building Completed Being Furnished
Walton-on-Thames, Rodney Road	Health Centre	Completion due June, 1970
Chertsey, Stepgates	Health Centre and Flat	Completion due September, 1970
Thames Ditton, Giggs Hill Green	Health Clinic and 2 Nurses' Flats	Completion due September, 1970
Walton-on-Thames, Hersham Road	Technical Training Centre	Completion due December, 1970
Shepperton, Laleham Road	Special Training School	Completion due September, 1970
Addlestone, Crouch Oak Lane	4 Flats for Nurses' Accommodation	Completion due February, 1970
Ottershaw, Brox Road	"Brockhurst", Home for the Elderly	Completion due October, 1970
Horley, Upfield	"Barnfield", Home for the Elderly	Completion due September, 1970
Weybridge, Oatlands Drive	House for Matron of "Rylston"	Completion due January 1970
1969/70 Capital Building Programme		
Ewell, Bourne Hall	Health Centre and 2 Flats	Completion due December, 1970
Woking, St. John's	Health Centre	Completion due April, 1970
Woking, Chobham Road	4 Flats for Nurses' Accommodation	Completion due June, 1970
Walton-on-Thames, Hersham Road	Ambulance Sub-station	Completion due December, 1970

Table 9 – LIVE BIRTHS BY AGE AND PARITY OF MOTHER AND BY PLACE OF OCCURENCE

Age Group		Parity of Mother. *												All				Total
		0				1-3				4 and over								
		N.H.S. Hosp.	Other Hosp.	At Home	Other	N.H.S. Hosp.	Other Hosp.	At Home	Other	N.H.S. Hosp.	Other Hosp.	At Home	Other	N.H.S. Hosp.	Other Hosp.	At Home	Other	
Under 25 ...	1967	3,420	213	104	32	1,261	108	536	16	12	3	6	–	4,693	324	646	48	5,711
	1968	3,261	193	64	29	1,379	92	457	14	17	–	4	–	4,657	285	525	43	5,510
25-34	1967	2,301	161	118	3	3,083	460	1,375	13	270	14	51	–	4,654	635	1,544	16	6,949
	1968	2,060	169	42	4	3,436	470	1,213	13	252	20	37	1	5,748	659	1,292	18	7,717
35 and over ...	1967	287	24	22	1	755	76	127	–	218	22	26	–	1,260	122	175	1	1,588
	1968	262	25	2	1	730	84	137	–	211	19	15	1	1,203	128	154	2	1,487
Total	1967	6,008	398	244	36	5,099	644	2,038	29	500	39	83	–	10,607	1,081	2,365	65	15,118
	1968	5,583	387	108	34	5,545	646	1,807	27	480	39	56	2	11,608	1,072	1,971	63	14,714

* Number of previous live-born children.

Table 10 – IMMUNISATION AND VACCINATION (1969)

Table A – Completed Primary Courses – Number of persons under age 16

Type of Vaccine or dose	Year of Birth				Others under age 16	Total
	1968	1967	1966	1962-1965		
Diphtheria	5,947	860	310	542	328	7,987
Whooping Cough	5,803	834	284	349	45	7,315
Tetanus	5,947	863	312	623	1,557	9,302
Polio	6,472	1,110	357	738	361	9,038
Measles	1,656	2,521	1,402	2,570	700	8,849

Table B – Reinforcing Doses – Number of persons under age 16

Type of Vaccine or dose	Year of Birth				Others under age 16	Total
	1968	1967	1966	1962-1965		
Diphtheria	1,625	4,823	747	13,474	2,315	22,984
Whooping Cough	1,373	3,894	557	1,635	271	7,730
Tetanus	125	392	83	964	265	1,829
Polio	1,070	3,103	415	13,731	4,306	22,625
Measles	–	–	–	–	–	–

[Figures for children born in 1969 are not shown following the adoption of the revised schedule mentioned in Chapter Three]

Table 11 – SUMMARY OF THE WORK OF THE DISTRICT NURSES, MIDWIVES AND DISTRICT NURSE MIDWIVES 1969

	District staff establishment.	Total nursing cases. *	Patients 0–5 years.	Patients 65+ years.	Total deliveries.	Number of cases delivered in hospitals, discharged and attended by domiciliary midwives before 10th day.	Total domiciliary nursing visits.	Number of cases discharged from hospital to care of district nurse.	Number of patients suffering from cancer.	Number of patients incontinent.
Total	232.4	17,616 *	332	11,463	1,486	3,717	443,553	1,372	1,178	1,305

* See Table 12 for an analysis of Nursing Cases.

Table 12 – ANALYSIS OF NURSING CASES 1969

(1) Communicable diseases	(2) Neoplasms	(3) Allergie Endocrine system. Metabolie and nutritional disease	(4) Diseases of blood	(5) Mental psychoneurotie and personality disorder	(6) Diseases of the nervous system	(7) Diseases of the circulatory system	(8) Diseases of the respiratory system	(9) Diseases of the digestive system	(10) Diseases of the genitourinary system	(11) Complications of pregnancy	(12) Diseases of skin and cellular tissue	(13) Diseases of bones and organs of movement	(14) Certain diseases of early infancy	(15) Symptoms of ill defined conditions	(16) Accidents poisoning and violence	(17) Not coded	Total
130	948	627	1,580	321	1,292	2,370	1,387	1,379	750	331	1,533	1,814	72	379	369	2,334	17,616

Table 13 – MENTAL HEALTH SERVICES

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31 DECEMBER 1969

	Referred by	Mentally Ill				Psychopathic				Subnormal				Severely subnormal				Total
		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(a)	General practitioners	–	–	55	119	–	–	2	–	–	–	–	–	–	–	–	–	176
(b)	Hospitals, on discharge from in-patient treatment	1	3	56	185	–	–	1	–	–	–	–	2	–	2	–	1	251
(c)	Hospitals, after or during out-patient or day treatment	–	2	40	98	–	–	–	–	4	–	–	2	4	4	–	–	154
(d)	Local education authorities	1	2	2	1	–	–	–	–	4	2	18	24	1	2	1	1	59
(e)	Police and courts	–	–	4	2	–	–	–	–	–	–	–	–	–	–	–	–	6
(f)	Other sources	1	–	36	61	–	–	1	2	12	9	5	7	15	19	2	2	172
(g)	Total	3	7	193	466	–	–	4	2	20	11	23	35	20	27	3	4	818

Table 14 – MENTAL HEALTH SERVICES

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER 1969

		Mentally Ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely subnormal				Total
		Under age 16		16 and over				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	Total number	1	2	308	586	33	90	–	–	3	5	83	73	221	227	159	97	125	102	2115
2	Attending workshops, day centres or training centres (including special units)	–	–	6	19	1	5	–	–	–	–	82	70	47	79	135	93	90	77	704
3	Awaiting entry to workshops, day centres, or training centres (including special units)	–	–	–	–	–	–	–	–	–	–	3	4	–	–	3	1	–	–	11
4	Receiving home training	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	–	–	–	3
5	Awaiting home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6	Resident in L. A. home/hostel	–	–	3	2	–	–	–	–	–	–	5	3	1	4	12	7	1	1	39
7	Awaiting residence in L. A. home/hostel	–	–	–	–	–	–	–	–	–	–	2	2	–	–	7	6	–	–	17
8	Resident in other home/hostel	–	–	29	10	3	5	–	–	–	–	2	2	10	7	14	10	2	12	106
9	Boarded out in private household	–	–	–	–	–	–	–	–	–	–	–	–	4	15	–	2	–	4	25
10	Attending day hospital	–	–	7	10	–	3	–	–	–	–	–	–	3	1	–	–	4	1	29
11	Receiving home visits and not included in lines 2–10 (a) suitable to attend a training centre	–	–	25	35	4	5	–	–	–	–	–	–	6	13	3	5	12	5	113
	(b) Others	1	2	238	510	25	72	–	–	3	5	3	2	165	136	3	3	19	23	1210
12	Number of children under age 16 attending training centres who have not been included in item 2 above because they do not come within the categories covered in columns (1) to (18)														Male			16		
															Female			15		
13	Number of persons included in item 6 above who reside in accommodation provided under the National Assistance Act, 1948														Male			–		
															Female			–		

Table 15 – MENTAL HEALTH SERVICES

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY RESIDENTIAL CARE, OR ADMITTED TO GUARDIANSHIP DURING 1969

		Mentally Ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely subnormal				Total
		Under age 16		16 and over				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	Number of persons in L. H. A. area on waiting list for admission to hospital at end of year.																			
	(a) In urgent need of hospital care	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1	1	–	–	6
	(b) Not in urgent need of hospital care	–	–	–	–	–	–	–	–	–	–	–	–	3	3	19	10	4	5	44
	(c) Total	–	–	–	–	–	–	–	–	–	–	–	2	3	5	20	11	4	5	50
2	Number of admissions for temporary residential care (eg. to relieve the family)																			
	(a) To N. H. S. hospitals	–	–	–	–	–	–	–	–	–	–	–	2	1	3	6	2	–	3	17
	(b) To L. A. residential accommodation	–	–	–	1	–	–	–	–	–	–	5	5	1	–	10	3	–	–	25
	(c) Elsewhere	–	–	2	–	–	–	–	–	–	–	–	–	–	–	2	–	1	–	5
	(d) Total	–	–	2	1	–	–	–	–	–	–	5	7	2	3	18	5	1	3	47

Table 16 – MASS RADIOGRAPHY SERVICE–STATISTICS

General Practitioner Chest X-ray Service

Type of survey	Total X-rayed	Numbers showing evidence of significant pulmonary tuberculosis *			
		No. of cases			Combined Incidence Rate per 1,000 Examinate
		Male	Female	Combined Total	
General Practitioner referrals	19,524	25	11	36	1.8

Normal Mass Radiography Service

General Public attending regular weekly sites	28,583	8	10	18	0.6
General Public attending open sessions	82,860	9	8	17	0.5
Industrial Groups		17	4	21	
Mental Hospitals and Institutions		2	1	3	
Contacts at work		2	–	2	
Referred by Medical Officers of Health	4,216	–	1	1	0.2
Totals	115,659	38	24	62	0.5

Abnormal Findings

	General Practitioner Chest X-ray Service			Normal Mass Radiography Service		
	Male	Female	Total	Male	Female	Total
Pulmonary Tuberculosis	25	11	36	38	24	62
Non-Tuberculous conditions	884	572	1,456	543	367	910

Statistics for Last Three Years

	General Practitioner Chest X-ray Service			Normal Mass Radiography Service		
	1967	1968	1969	1967	1968	1969
Total number X-rayed	17,214	19,829	19,524	126,533	116,841	115,659
Significant Pulmonary Tuberculosis *	36	40	36	88	51	62
Primary Lung Cancer in men aged 45 and over	73	92	83	44	60	58
Incidence rate per 1,000 examinations	17.1	17.4	15.8	1.8	3.0	2.8
Primary Lung Cancer in women aged 45 and over	14	23	24	16	13	10
Incidence rate per 1,000 examinations	3.5	5.2	5.6	0.7	0.6	0.5

* "Significant pulmonary tuberculosis" means any newly detected case requiring treatment or close observation at a chest clinic.

Survey of towns and industrial establishments under the Normal Mass Radiography Service will be discontinued in 1970 following implementation of the memorandum on the Mass Miniature Radiography Service (HM(69)97) issued by the Department of Health and Social Service in December, 1969. This circular has been the centre of some controversy and the Medical Director of the Chest Radiography Service suggests that the change may be premature as the largest number of cases of tuberculosis was found in open sessions for the general public and in the examination of factory and office workers. It is also disturbing that the proportion of infectious cases (24.2%) is higher than for many years past.

Table 17

Analysis of persons in residential accommodation on 31st December 1969, by age, sex and size and type of home

Age	Sex	Persons (exclusive of staff) residing in: Homes in the possession of the Council whose normal bed complement for residential accommodation is: Under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	Over 150 (5)	Joint user premises shared with hospitals: In possession of a local authority (6)	In possession of hospitals (7)	accommodation provided on behalf of the Council in voluntary or private homes (8)	Total (9)
under 30	M	–	–	–	–	–	–	–	11	11
	F	–	1	–	–	–	–	–	15	16
30-49	M	–	–	–	3	–	1	–	23	27
	F	–	7	–	–	–	–	–	12	19
50-64	M	1	3	8	5	–	3	–	20	40
	F	4	20	5	6	–	4	–	30	69
Total Under 65		5	31	13	14	–	8	–	111	182
65-74	M	3	13	28	17	–	25		15	101
	F	25	48	40	16	–	9		49	187
75-84	M	14	50	45	24	–	42		28	203
	F	100	60	86	60	–	40		139	485
85 and over	M	14	24	25	19	–	25		23	130
	F	134	55	88	56	–	35		134	502
Total 65 and over		290	250	312	192	–	176		388	1608
Total all ages		295	281	325	206	–	184		499	1790
No. of homes in which persons reside		12	7	6	2		1			

No. of persons accommodated:–		Under 30	30-49	50-64	Total under 65	65-74	75-84	85 and over	Total 65 and over	Total All Ages
On behalf of other local authorities (included above)	M	–	1	1	2	8	14	8	30	32
	F	–	5	8	13	31	25	50	106	119
By other local authorities on behalf of the Council. (Not included above.)	M	–	–	2	2	4	7	6	17	19
	F	–	–	3	3	12	18	22	52	55

Table 18

Analysis of persons aged under 65 in residential accommodation on 31st December 1969 by major disability and size and type of home.

Major Disability	Persons (exclusive of staff) residing in								
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations (8)	Total (9)
	under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	over 150 (5)	In possession of a local authority (6)	In possession of a hospital (7)		
Blind	1	–	–	–	–	–	–	10	11
Deaf	–	–	–	–	–	–	–	2	2
Epileptic	–	23	1	4	–	1	–	23	52
Physically handicapped	1	3	7	5	–	4	–	72	92
Mentally subnormal	2	5	3	–	–	1	–	–	11
Mentally Ill	–	–	–	–	–	1	–	–	1
Other persons	1	–	2	5	–	1	–	4	13
Total	5	31	13	14	–	8	–	111	182

Table 19

Analysis of persons aged 65 and over in residential accommodation on 31st December 1969 by major disability and size and type of home.

Major Disability	Persons (exclusive of staff) residing in								
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations (8)	Total (9)
	under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	over 150 (5)	In possession of a local authority (6)	In possession of a hospital (7)		
Blind	22	24	12	11	–	13	–	31	113
Deaf	11	12	18	7	–	–	–	14	62
Epileptic	2	15	2	2	–	6	–	5	32
Mentally handicapped	33	62	20	4	–	24	–	11	154
Other persons	222	137	260	168	–	133	–	327	1247
Total	290	250	312	192	–	176	–	388	1608

Notes:

Blind. Registered blind persons, or persons who are apparently eligible for registration.

Deaf. The profoundly deaf, that is to say persons so severely hard of hearing that communication with them must be by sign or writing.

Epileptic. Persons who have had an epileptic seizure during the past twelve months, or whose epileptic condition is controlled by drugs.

Physically handicapped. Persons who are substantially and permanently handicapped by illness, injury, or otherwise to a degree which seriously limits their activities.

Mentally subnormal. Persons who suffer from arrested or incomplete development of mind, including subnormality of intelligence.

Mentally Ill. Persons with an impairment of mental capacity in any form, other than subnormality.

Mentally handicapped. Persons with an impairment of mental capacity in any form.

Table 20 – APPLICATIONS FOR AND ADMISSIONS TO TEMPORARY ACCOMMODATION, YEAR 1969

SUMMARY OF ORIGIN OF CASES

	Applications			Admissions		
	Men	Women	Children	Men	Women	Children
Administrative County	254	348	791	55	68	165
Out of County	–	2	4	–	–	–
Babies born since mother admitted to temporary accommodation	–	–	4	–	–	4
Husbands joined families in temporary accommodation	2	–	–	2	–	–
	256	350	799	57	68	172

Table 21 – ANALYSIS OF THE REASONS FOR MAKING APPLICATION FOR ADMISSION TO TEMPORARY ACCOMMODATION DURING THE YEAR 1969

	Men	Women	Children
Action taken by Landlord – Other than Local Authority			
By Court Order for –			
Rent Arrears	46	54	151
Landlord needing accommodation for own needs	9	9	18
Service contract ended	58	65	168
Defaulted on mortgage	11	16	38
Other reasons	10	11	24
Action other than Court Order –			
Authorised rent increase	–	–	–
Illegal rent increase	–	–	–
Harassment	–	–	–
Other reasons	20	24	45
Action taken by a Local Authority			
As a Landlord –			
Rent arrears	14	15	51
Service contract ended	5	6	13
Other reasons	6	7	10
Otherwise, e.g.			
Notices served under Acts	1	1	2
Other reasons –			
Unauthorised occupants	13	23	43
Family disputes: husband/wife/cohabitee	3	19	35
with relatives	36	62	111
Fire, flood and storm	2	3	6
From hotel or other accommodation	8	10	17
New area	5	11	27
Other reasons	9	14	40
	256	350	799

Table 22 – DISPERSAL OF CASES NOT ADMITTED INTO TEMPORARY ACCOMMODATION, YEAR 1969

	Men	Women	Children
Made own arrangements	30	50	99
Domestic Reconciliation	3	6	10
Accommodated by Relatives	21	33	66
Accommodated by Friends	6	9	22
Referred to Divisional Medical Officer	1	1	7
Returned to former accommodation	6	13	23
Rehoused by Local Authority	7	9	25
Obtained Residential Employment	6	11	28
Pending	21	31	69
Referred to Housing	20	22	44
Staying put pending Court Action	33	37	85
Referred to Children's Dept.	5	6	8
Social Worker Assisting	21	28	77
Probation Officer Assisting	–	1	2
Referred to Estate Agents	1	1	2
Assisted by Charity	2	2	3
N. S. P. C. C. Assisting	1	2	4
S. C. C. Loan Arranged	2	2	12
Alternative Accommodation Found	13	18	41
	199	282	627

Table 23 – REGISTERS OF THE HANDICAPPED

Register	Under 16		16 – 64		65 and over		Totals
	M	F	M	F	M	F	
Blind	10 (12)	11 (13)	230 (236)	253 (249)	362 (361)	920 (890)	1786 (1761)
Partially-Sighted	29 (28)	19 (19)	66 (62)	63 (58)	66 (61)	249 (228)	492 (456)
Deaf without Speech	42 (38)	23 (16)	151 (143)	122 (109)	22 (21)	37 (29)	397 (356)
Deaf with Speach	43 (21)	25 (11)	69 (60)	58 (61)	5 (9)	15 (13)	215 (175)
Hard of Hearing	3 (2)	2 (1)	20 (25)	73 (72)	13 (21)	84 (77)	195 (198)
Other Handicapped	85 (76)	79 (65)	864 (791)	1080 (1024)	527 (471)	1312 (1205)	3947 (3632)
Totals	212 (177)	159 (125)	1400 (1317)	1649 (1573)	995 (944)	2617 (2442)	7032 (6578)

The figures in brackets are those for 1968.

Table 24 – **HOME HELP SERVICE**

Analysis of the services provided to the various types of cases in the County as a whole:–

Division/ Delegated District	Population Mid. 1969	Average equivalent full-time helps employed weekly		Cases Helped during the year					Total
				Aged 65 or over on first visit during the year	Aged under 65 on first visit during the year				
		Neighbourly Helps	Home Helps		Chronic sick and Tubereulous	Mentally Disordered	Maternity	Others	
Northern	96,730	2.2	37.8	478	46	2	35	89	650
North-Western	201,910	9.6	55.4	636	43	3	138	128	948
South-Eastern	243,220	7.6	51.7	796	65	5	169	181	1,216
South-Western	246,720	12.5	78.3	919	57	15	133	148	1,272
Epsom & Ewell M. B.	72,190	1.0	18.6	326	49	6	76	82	539
Esher U. D.	63,190	1.4	9.7	224	29	9	40	41	343
Woking U. D.	78,180	1.3	22.2	280	18	–	66	63	427
Totals	1,002,140	35.6	273.7	3,659	307	40	657	732	5,395

Table 25 – WORK CARRIED OUT BY THE UNIFIED AMBULANCE SERVICE DURING 1969

EMERGENCY							MATERNITY	
Aeeident.		Illness.		False Alarms.	Totals.		Totals.	
Patients.	Miles.	Patients.	Miles.	Miles.	Patients.	Miles.	Patients.	Miles.
10,338	91,447	4,357	41,445	18,661	14,695	151,553	2,457	29,727

GENERAL

Hospital.		Out-Patient.		Infeetious Diseases.		Private.		Non-Patients.		Totals.	
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Mise. Miles.	Abortive Miles.	Patients.	Miles.
45,896	596,056	396,661	2,980,618	358	6,186	222	2,225	93,235	27,386	443,137	3,705,706

DIVISION OF WORK BETWEEN THE COUNTY'S DIRECT SERVICE AND VOLUNTARY ORGANISATIONS DURING 1969.

County Serviee.		VOLUNTARY ORGANISATIONS.				Hospital Car Serviee.	
		S. J. A. B.		B. R. C. S.			
Patients.	Miles.	Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
282,457	2,073,300	1,350	24,189	6,695	59,905	169,787	1,729,592

GRAND TOTALS.

Patients.	Miles.
460,289	3,886,986

Table 26 – WORK OF THE AMBULANCE SERVICE 1967 to 1969 COMPARATIVE FIGURES

Year	COUNTY SERVICE		VOLUNTARY ORGANISATIONS				HOSPITAL CAR SERVICE		GRAND TOTALS	
			S. J. A. B.		B. R. C. S.					
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
1969	282,457	2,073,300	1,350	24,189	6,695	59,905	169,787	1,729,592	460,289	3,886,986
1968	275,326	2,021,154	1,148	18,957	6,727	56,988	154,181	1,559,602	437,382	3,657,011
1967	274,872	1,971,670	1,815	31,506	6,251	57,201	146,510	1,476,328	429,448	3,536,705

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